

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNNG BODY**

**Minutes of meeting held on TUESDAY 8TH JANUARY 2019 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
Dr Janet Bliss	GP/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
Dr Shamim Rose	GP
Dr Maurice Smith	GP

NON VOTING MEMBERS:

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

IN ATTENDANCE

Ian Davies	Chief Operating Officer
Stephen Hendry	Senior Operations & Governance Manager
Barry Kushner	Cabinet Member for Children's Services, Liverpool City Council
Paula Jones	Committee Secretary

Apologies

Dr Rob Barnett

Tina Atkins

Kerry Lloyd

Martin Farran

Carole Hill

Lynn Collins

Secretary of Local Medical Committee

Practice Manager

Deputy Chief Nurse

Director of Adult Services & Health,
Liverpool City Council

Director of Strategy, Communications &
Integration

Chair, Healthwatch

Public: 10

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made. Congratulations were given to Dr Janet Bliss on her election as Clinical Vice Chair.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made relating to any items on the agenda.

1.2 MINUTES AND ACTION POINTS FROM THE LAST MEETING

The minutes of the meeting which took place on 13th November 2018 were agreed as an accurate record of the discussions which had taken place subject to the following amendments:

- Page 11 item 3.2 Corporate Performance Report November 2018 second bullet – it was noted that the reference to the trust having workforce issues in MRI and imaging was Liverpool Heart & Chest Hospital not Liverpool Women's Hospital.
- Page 12 item 3.2 Corporate Performance Report November 2018 3rd bullet the reference to Aintree performance re the two week referral rule related to the breast clinic not breast cancer symptoms.

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

- 1.4.1** It was noted by the Chair that all the actions from the previous meeting had either been completed as noted on the actions sheet or were on the agenda for this meeting.
- 1.4.2** Action Point Twelve – the Chair thanked the Chief Finance & Contracting Officer for the completion of this action point to source paper cups for CCG meetings rather than use plastic cups and indicated the bin for the cups to be deposited in.
- 1.4.3** Re item 4.3 2018/19 Operational Plan Month 6 Update – the question was asked by a Governing Body GP member as to how much the increase in non elective activity was due to coding and how much was real growth. The Chair requested the Senior Operations & Governance Manager to supply this for the next meeting.

PART 2: UPDATES

2.1 Chief Officer's Report – Report No: GB 01-19

The Chief Officer updated the Governing Body:

- At the time of writing the report the Planning Guidance had not been received, however the NHS Long Term Plan had been released the day before the meeting. The CCG was in the process of writing the Operational Plan which would need to align with the NHS Long Term Plan therefore the Governing Body Development Sessions would review One Liverpool to reflect the requirements contained in the Long Term Plan and Planning Guidance. The Operational Plan would be brought to the March 2019 Governing Body for sign off.
- The Chief Officer reflected on the commitment and dedication of all NHS and Care staff in the local system for their hard work over the Christmas period which had been busy and challenging.

- The CCG's Look Back exercise on Liverpool Community Health had started with two nurses undertaking the review and it would provide clear recommendations which would be considered and brought back to the Governing Body in due course. The Governing Body Development Sessions would have an opportunity to listen to these nurses for learning hopefully for the March 2019 meeting.
- The Cheshire & Merseyside Partnership Board had agreed that the minutes could be included in all Board papers for information.
- The review of Urgent Care Services was underway and engagement with the public was in progress. The learning from the public and staff engagement would be used to inform how we could improve services for the future.
- Perinatal Mental Health – a service was commissioned jointly across the Cheshire & Merseyside system, the CCG agreed that it would continue to develop on that footprint but the funding would be the responsibility of each individual CCG.

The Governing Body commented as follows:

- The Director of Public Health referred to the NHS Long Term Plan and areas of overlap with Public Health, requesting some sessions to look at the areas of overlap and anything new in the Plan. The Chair agreed that this was a sensible approach.

The NHS Liverpool CCG Governing Body

- **Noted the Chief Officer's Report.**
- **Agreed to the Perinatal Mental Health Collaborative commissioning arrangement.**

2.2 Chief Nurse's Report – Report No: GB 02-19

The Director of Quality, Outcomes & Improvement/Chief Nurse presented the Chief Nurse's Report to the Governing Body. She highlighted some matters which had moved on since the report was written:

- Provider Level Quality Concerns at Aintree Hospital - the Enhanced Surveillance status was being reviewed, the trust had provided assurance that actions had been implemented to prevent further recurrences of issues, however there had been two further Serious Incidents in late December 2018. A meeting was taking place later in January 2019 and if commissioners were assured that areas requiring improvement in the original SIQSG had been addressed then the trust would be stepped down to Routine Surveillance but would remain under Enhanced Surveillance for the specific area of Theatres which was the area where the new events had occurred.
- Transforming Care – there was now a potential solution to the issue of Besford House’s Care Quality Commission registration and we were working closely with Liverpool City Council to move this forward. From a Transforming Care perspective any individuals who would have moved to Besford House were being counted as delayed discharges so needed to be explained. A briefing paper would go to the North Region Transforming Care Board in January 2019.
- Liverpool CCG had been notified the previous day that it would be subject to a Special Educational Needs (‘SEND’) inspection. An update would be brought to the Governing Body in due course in the Chief Nurse’s Report.

The Governing Body commented as follows:

- A GP asked about the Learning Disabilities Mortality Review (‘LeDeR’) Programme funding, whether packages were the allocation minus and who was the Local Area Contact. The Director of Quality, Outcomes & Improvement/Chief Nurse responded that there was a difference between national funding for LeDeR and the funding from the CCG into Mersey Care to recruit reviewers to post and therefore provide additional capacity. There were a number of Local Area Contacts, one was from NHS England on the Cheshire & Mersey footprint and with Liverpool CCG was the Deputy Chief Nurse. The additional funding from Liverpool CCG for reviewers was because it was often difficult for trained reviewers to be released by their employers hence the need for dedicated posts. We were in a better position than other areas in the

country and national review of the programme was about to happen.

- The Lay Member for Financial Management asked if any preparation had been carried out for the SEND inspection. The Director of Quality, Outcomes & Improvement/Chief Nurse responded that the inspection had been anticipated as Liverpool CCG was on the last CCGs in the Merseyside area to be inspected. We had liaised with local colleagues who had already been inspected and worked hard to ensure that the SEND offer was as good as it could be and that we were as prepared as we could be.
- A GP observed that referring to ongoing risks to quality was a little coy and challenged the CCG to be more overt and acknowledge the patient safety risk as a result of quality issues.

The Liverpool CCG Governing Body:

- **Noted the contents of the report**

2.3 Public Health Update – Report No: GB 03-19

The Director of Public Health updated the Governing Body with a first written report and mentioned in particular:

- The link to the “Live Your Life” website had been omitted from the report for which she apologised and agreed to circulate it to the Governing Body immediately.
- She asked the CCG to continue to support Public Health and to ask for provider support, particularly around the “First 1,001 Days” initiative.
- Paris Declaration on HIV and AIDS had been signed up to and there would be an event on 26th February 2018 to review provision across the city and to develop the action plan with commissioners and providers. The Cabinet Member for Health & Adult Social Care, Liverpool City Council shared how pleased he was about the sign up to the Paris Declaration and noted that Liverpool was fortunate to have leading clinical experts in

the city. He also noted the influence of the Liverpool School of Tropical Medicine and their input into reducing HIV in Africa and the developing world.

- 'Flu' vaccination figures were lower than the same time last year and particularly uptake in two and three year olds was lower than the national average. Public Health were looking for intelligence and we appeared to be going backwards with regards to immunisation.
- There had been a Sexual Health Scrutiny Event held in November 2018 and a meeting was to take place with Lord Kerslake the following week to provide feedback and see the initial draft of the report. Sexual Health services in Liverpool were felt to be fragmented so needed to be monitored.
- A Governing Body GP suggested a link from the CCG website and practice websites to the "Live Your Life" website. He also commented on how positive the Smoking at Time of Delivery figures were. In response to a query from the Chair it was confirmed by the Director of Quality, Outcomes & Improvement that Smoking at Time of Delivery featured on the agendas for the Liverpool Women's Clinical Quality & Performance Group meetings which was the way in which the CCG supported this with the provider.
- The Lay Member for Governance/Non Clinical Vice Chair was surprised by the 'flu vaccination figures and asked what the CCG could do to support Public Health. The Director for Public Health responded that a gap analysis was being carried out and she would take this up with individuals outside of the Governing Body to look at how to take this forward. It was noted by GP members that there had been problems this winter with availability/supply of vaccines.

The Liverpool CCG Governing Body:

- **Noted the content of the report**
- **Identified mechanisms for providing additional support where requested.**

PART 3: PERFORMANCE

3.1 Finance Update November 2018 – Month 08 18/19 – Report No: GB 04-19

The Chief Finance & Contracting Officer presented the CCG's financial performance for the month of November 2018 (Month 8) 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:

- With regards to overall financial position as at 30th November 2018, the CCG remained on track to deliver its control total position with programme and running cost variances offsetting each other to produce a balanced outlook in respect of both year to date and forecast outturn positions.
- Indicators of financial performance showed all performance rated as 'Green', with the CCG currently forecasting to be fully compliant with NHS England Business Rules and measures relating to the Internal Assurance Framework rating.
- The resource limit allocation available to the CCG with an in-year revenue resource limit allocations for 2018/19 totalling £888.8m
- Further detailed information was included on pages on 79-84 with further explanation of key variances from planned levels of expenditure and actions being undertaken within the organisation to mitigate operational pressures as identified.
- An important aspect of the forecast financial position was the utilisation of earmarked reserves and planned contingency of 0.5% as described on big page 83 and also being dependent upon the delivery of planned Cash Releasing Efficiency Savings (CRES) as described on page 84.

- He was pleased to say that the CCG was currently forecasting slightly higher levels of delivery of circa £9.8m of savings against its original planned schemes of £8.8m for the year, again with some variation and new schemes implemented to cover for shortfalls in existing schemes.
- There were no exceptional issues to report with regards to the Statement of Financial Position or better payment practice code with performance remaining above target levels.
- On this basis the Governing Body were asked to note the current financial position and risks associated with delivery of the forecast outturn position.

The Governing Body commented as follows:

- In response to a query from the Lay Member for Financial Management around winter pressures, the Chief Finance & Contracting Officer responded that NHS England had indicated at the start of the year that there were no further monies to be received in respect of winter unlike the previous year when monies had needed to be allocated a very short notice. Also due to the Acting As One Contracts the CCG was mostly protected from areas of contract volatility although this was still the case on some contracts such as St Helens & Knowsley Hospital Trust. Given the time lag on data relating to December , it was not yet known whether there had been any further impact although plans were profiled in a number of areas (such as prescribing for example) to reflect increased activity within certain periods of the year. The Chief Officer added that the Local Authority had received an additional allocation to support Out of Hospital services, and further discussions had been taking place at the A&E Delivery Board and with Social Services leads as to the best application of these funds and the CCG was in regular contact with stakeholders regarding this. The CCG continue to work with the acute providers on an ongoing basis regarding the pressure they were experiencing throughout winter and should be noted that one of the largest challenge to them over the period was the availability of staff.
- A GP Member referred to the financial risk section of the report and asked if indicative amounts could be set for each relative risk. The Chief Finance & Contracting Officer agreed to assess

whether this could be determined in financial terms and reflected appropriately.

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 January 2019 – Report No: GB 05-19

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 September to October 2018.

He highlighted by exception:

- Referral to Treatment 52 day waits – the majority of breaches for the year-to-date were reported by Liverpool Women’s Hospital. CCG had received assurances from providers that patients waiting had not been exposed to any harm. Liverpool Women’s Hospital were confident that they would have zero cases by the end of March 2019.
- Referral to Treatment – for Liverpool Women’s Hospital there were workforce issues in gynaecology, for the Royal Liverpool Hospital a short term action plan was in place in addition to the longer term sustainability actions. The Royal Liverpool Hospital remained under Enhanced Surveillance for Referral to Treatment.
- Diagnostics – the CCG was under-performing but showing marked improvement compared to the start of the year. Achievement of the 1% standard was not expected until Quarter 1 2018/19. Although December 2018 data was yet to be validated a seasonal “dip” in performance should always be expected due to annual leave etc.

- Cancer 62 day waits – performance affected by the availability of specialist staff in urology and theatre capacity. The Cheshire & Merseyside pathway service implementation had been approved and was expected to deliver improved performance by Quarter 4 2018/19 or Quarter 1 2019/20.
- North West Ambulance Service – there had been no change in category one, two, three and Four calls performance. The recovery plan was being monitored and there had been some improvement in Ambulance Response Programme ('ARP').
- Care Quality Commission – there had been a re-inspection of Woolton House Medical Centre resulting in an overall rating of "Good" and confirming that the required improvements asked of the practice had all been implemented.

The Governing Body commented as follows:

- The Lay Member for Financial Management asked for a breakdown of what the statistics actually meant in real terms for patients a varying ages. The Chair felt that age did not impact on this and that poor performance was poor performance whatever the age of the patient and this needed to be considered from the patient's experience. The Director of Quality, Outcomes & Improvement agreed that we were looking for adverse patient experience and to understand why this happened and this would be included in the next report.
- A Governing Body GP member expressed their difficulty in understanding the value of having 'GP streaming' in A&E; dealing with patients who could have been seen by a GP elsewhere. The Chief Officer responded that this was the reason why a review of Urgent Care treatment was currently underway; to ensure that patients attended in the first instance at the right point. The same Governing Body GP referred to cancer waiting times breaches at Liverpool Women's Hospital, adding that the report narrative suggesting that breaches related to "a very small number of patients and a complex pathway" was not sufficient. The GP member also queried breaches being recorded as 'fractions' of patients. The Chief Operating Officer explained that these breaches related to secondary or tertiary referrals from other trusts as part of a long patient pathway and that the reason for the fraction was due to the patients' waiting days being distributed between a number

of different trusts. Breaches at Liverpool Women's had also been attributed to long-term staffing issues in gynaecology. It was agreed that the CCG Cancer Programme Lead should be asked to provide the Governing Body with a more in-depth narrative regarding cancer performance at the March 2019 meeting. The Director of Quality, Outcomes & Improvement/Chief Nurse referred to the Never Event which had occurred at Liverpool Women's Hospital in early 2018 and the extensive work carried out by the Trust to get back on track, noting the openness and honesty demonstrated by the Trust in reporting these issues. LWH also remained under Enhanced Surveillance for Referral to Treatment and had a recovery plan and improvement trajectory in place. The plan would have been delivered in October 2018 had there not been the issues in recruiting to gynaecology consultant posts and reliance out of necessity on locum provision. The Chief Nurse regarded the level of assurance from Liverpool Women's Hospital to be very high and noted that the difficulties in recruiting consultant staff was directly attributable to LWH's 'standalone' nature.

- The Lay Member for Governance commented that the performance report was extremely helpful and had facilitated a meaningful discussion.
- The Lay Member for Financial Management stressed the need to understand A&E issues better and for patients to be more aware of the services available.
- A GP Governing Body member asked about the rollout of "Advice & Guidance" and commented that practices needed to be aware of what was and was not available in order to use it effectively. A piece of work was being carried out across the Cheshire & Mersey Clinical Informatics Advisory Group on the digital agenda for outpatients which had the potential to be extremely good. He also commented that in respect of the report stating that GP outpatient referrals were increasing this could be due to the pressure on practices to refer and push for earlier diagnoses. A&E waiting times figures were comparable/reasonable to the CCG's 'Right Care' Peer Group. With regard to the targets for full extended access (evening and weekends) to be available to all patients by 2020 and the CCG current rate of 1% it was noted that the data was out of date. The Chair noted the difference between extended

access which was a citywide initiative and enhanced access which was nationally mandated.

- A GP Governing Body member requested more clarity around A&E waiting times as Aintree Hospital stood out. The Chief Operating Officer responded that performance levels alternated between the Royal and Aintree and Aintree now showed stronger performance than the Royal but the validated information was not yet available for inclusion in the Performance Report.
- A Governing Body GP felt that there was duplication between practices providing 'extended hours' and 'Out of Hospital Services' at weekends and the nationally mandated enhanced access. The Chair responded that hopefully the Urgent Care Review would help in this respect and requested performance data on Enhanced Access for the next report.

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: STRATEGY AND COMMISSIONING

4.1 Continuing Health Care: Previously Unassessed Periods of Care ('PUPOCs') – Report No: GB 06-19

The Director of Quality, Outcomes & Improvement/Chief Nurse presented a paper to the Governing Body which asked for the CCG's decision in May 2018 not to undertake review of previously unassessed period of care ('PUPOCs') in relation to Continuing Healthcare ('CHC') to be reviewed in the light of issues highlighted in the report and for the CCG to agree to undertake PUPOCs. She highlighted from the paper:

- Previously, there had been a national process and guidance from NHS England regarding unassessed periods of care for Continuing Healthcare (CHC) with the purpose of restoring individuals and families to the financial position they would have been in had NHS Continuing Healthcare been awarded at the appropriate time. The national processes covered the time period from 1st April 2004 until 31st March 2012. The administration of this ceased in September 2016 as did the financial support given to CCGs from NHS England for retrospective payments.
- In May 2018 the Governing Body made a decision NOT to continue to review previously unassessed periods of care (PUPOCs). Subsequently the CCG was asked by NHS England to reconsider this decision as their current view is that the PUPOC process is now part of routine business for CCGs in administering the national framework for Continuing Healthcare.
- Since the original paper to the Governing Body, NHS England had clarified their position on PUPOCs. The regional lead for continuing healthcare advised that the current position was that the period from April 2012 onward had not been 'closed down' by the Department of Health ('DH') (now Department of Health and Care) therefore this should be treated as business as usual. The advice given at the regular regional CHC network meetings was that these requests should be addressed and assessed if required in a timely way. Currently, the DH had not yet decided upon whether there would be any further closedown. However, the national Continuing Healthcare (CHC) Framework was refreshed with effect from October 2018 and the local resolution process and Independent Review Panel (IRP) process remained. NHS England stated that at this time people could request an assessment back to April 2012. No central funds were available for any people assessed as eligible after end March 2012 and CCGs were accountable for ensuring people were screened and/or assessed where required. The email was attached as Appendix 1.
- If the CCG wished to deviate from any national guidance or policy, we needed to consult with patient representatives and the public. This was evidenced through the current consultation regarding the potential changes to the Individual Funding Request Policy. Any deviation from national policy for PUPOCs would require a similar process. This was not undertaken prior

to the previous Governing Body decision and therefore could be challenged.

- This lack of consultation and deviation from NHS England guidance placed the CCG at risk of a Judicial Review. The absence of consultation regarding our decision NOT to undertake PUPOCs made the current decision open to challenge. The CCG had received 39 requests from individuals and families for previously unassessed periods of care to be reviewed, most of these requests had been through legal representatives. We had also received over time, 3 complaints from individuals and families about our decision not to undertake PUPOCs.
- To support our previous decision making we had utilised the Freedom of Information (FOI) process to ask other CCGs what their chosen course of action was. The majority of CCGs had undertaken PUPOCs as they had arisen, however 10 CCGs indicated that their policy was NOT to undertake PUPOCs. We had approached the 10 CCGs recently to ask if there had been any challenge to their decision. Only 6 chose to respond and indicated that there had been no challenge to their decision thus far.
- The CCG sought legal advice prior to the decision in May not to undertake PUPOCs. This advice was sought in the context of an assumption that there was no guidance regarding PUPOCs post 2012 and therefore the legal advice was based on that assumption. The legal advice was attached as Appendix 2 for consideration. NHS England had now made their position clear therefore this legal advice could be deemed out of date and of limited use.
- As previously stated, the CCG currently had 39 requests for a PUPOC review and as indicated we had received 3 complaints from families about the CCGs current stance. One family had indicated that they had completed the paperwork for the Parliamentary Health Ombudsman ('PHO'), and 5 had legal representation. There was the potential risk that families would pursue a judicial review (JR) in relation to the CCG decision, see Appendix 2. Other families might have engaged a solicitor or complained to the PHO but we would only become aware when the CCG was contacted by them (Appendix 3). As highlighted earlier, there was an increasingly strong possibility

that the current decision could be challenged, with negative reputational repercussions, and cost, for the CCG, including local, and potential national, media attention. Given that one intention of PUPOCs was to restore individuals and families to the financial position they were in before they paid for care, this could be construed as the CCG taking a financial rather than compassionate approach.

- The original paper contained financial modelling based upon the experience from the previous PUPOCs programme pre 2012. However, this had been revised with more updated information and the original impact had been revised down. Currently, the conversion rate was estimated to be 30% which meant that potentially one third of cases would be found in the individuals or family's favour. The financial impact if ALL requests for review converted to a CHC package was estimated at £1.4 million (emphasising the assumption of 100% conversion rate). The number of cases coming forward for retrospective review had slowed down, hence the change in our assessment of the financial risk. If as estimated 30% of cases converted to a CHC package, the cost was estimated at approximately £420 000.
- It was now the view of the CCG that the potential risk of judicial review through action from individuals and families was high.

The Governing Body commented as follows:

- The Lay Member for Financial Management commented that this matter had been discussed several times by the Governing Body and asked what changes have been made since the last time it was discussed.
- A GP Governing Body member noted the need for a 12 month rolling period to support the rollout of PUPOC approval and for an agreed cut off point.
- A GP Governing Body member queried how much the Midlands & Lancashire Commissioning Support Unit ('MLCSU') could be relied on to provide accurate information as the advice received from them initially had been deemed to be incorrect by NHS England. The Chief Officer responded that the CCG had merely chosen not to accept the advice. The Director of Quality,

Outcomes & Improvement/Chief Nurse added that the CCG met regularly with the MLCSU and there was now a better understanding of the relationship between the two organisations. The MLCSU had the operational expertise in the area but were not national policy setters.

- The Clinical and Lay Governing Body members raised the issue of a 12 month rolling period and what following the NHS England steer would mean for the CCG, also did the MLCSU have the capacity to deal with the potential increase in assessments. The Chief Officer responded that would be no significant increase in capacity required.
- The Lay Member for Financial Management stressed the need to enforce a 12 month rolling period/cut off for receipt of retrospective claims and that this should be made very clear. There was also a discussion about the need for a policy going forward on how to manage PUPOCs, although with the caveat, as requested by a GP Governing Body member, for an element of exceptionality to be taken into consideration.
- The Chief Finance & Contracting Officer noted that the financial impact of PUPOCs needed to be included in the financial plans with a value included for provision for future claims. The Chief Officer added that we needed to be aware of any Ombudsman mandated compensation that might arise.
- The Lay Member for Financial Management observed that if this was all “business as usual” then there would be no need for public consultation. The Chair noted that the Senior Leadership Team needed to decide on the Policy to be brought back to the Governing Body along with the implications. The Chief Officer noted that we did not have the Policy in place yet hence the requirement to follow the guidelines from NHS England.

The Liverpool CCG Governing Body:

- **Reconsidered the original decision NOT to undertake PUPOCs in light of the issues highlighted in the report decision**
- **Agreed to undertake PUPOCs.**
- **Requested that the Senior Management Team put together a specific Policy on the undertaking of PUPOCs on a rolling annual basis, taking into account legal advice which would**

be brought back to the March 2019 Governing Body meeting along with implications.

PART 5: GOVERNANCE

5.1 Risk Management

(a) Governing Body Assurance Framework – Report No: GB 07a-19

The Senior Operations & Governance Manager presented the Governing Body Assurance Framework for 2018/19 ('GBAF') to the Governing Body which highlighted the key mitigations against risk to the delivery of the CCG's strategic objectives for the financial year 2018/19. He drew to the attention of the Governing Body:

- The CCG Whistleblowing Policy/Strategy had been approved by the Governing Body in July 2018 which defined a new role of the 'Freedom to Speak Up Guardian' which was the Lay Member for Governance/Non Clinical Vice Chair.
- Some question marks appeared in the updates section for which he apologised.

The Governing Body commented as follows:

- A GP Member referred GBAF02 and the strategic risk that the CCG was "unable" to commission/deliver highest quality services due to a lack of shared vision and definition of quality for our population and queried the use of the word "unable".
- A GP Member felt that the document was easier to read and pointed out a minor typographical error on page 7 referring to January 2018 instead of 2019.
- The Lay Member for Governance/Non Clinical Vice Chair commented that there were areas where the current risk and residual risk scores were high (12) but the target risk was low (4) and wondered how realistic this was. The Chair responded that the GBAF would be discussed at Governing Body Strategic Development Sessions and Away Time. The comment was made that being aspirational was good but then more work would be required to deliver and which still might not be

effective. The Lay Member for Audit added that target and aspirational risk depended on the risk itself.

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 describes 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 provide assurances against the specific risk;**
- **Identified any further gaps in control/ principal risks which will impact on the delivery of the strategic objectives.**

(b) Corporate Risk Register Update (January 2019) - Report No: GB 07b-19

The Chief Operating Officer presented the Corporate Risk Register to the Governing Body and noted:

- Extreme Risks (scoring 15-25):
 - C077 Resolution of open Previously Unassessed Periods of Care ('PUPOC').
 - C036 Delivery of Urgent and Emergency are Commissioned Services capable of meeting demands.
- C079 Electronic document recording issues with the GP EMIS clinical record system – the software fix had been completed and therefore the risk could be removed.
- C065 Compliance with timescales for statutory Looked After Children health assessments – this risk was to be monitored by the Quality Safety & Outcomes Committee and could be removed from the Corporate Risk Register, should circumstances change significantly in the future, any 'removed' risk could be brought back onto the Register.
- There was a new section for risks recommended for transfer from the Corporate Risk Register to the new Issues Log with effect from January 2019. These were:

- C045 Access waits for Improving Access to Psychological Therapies ('IAPT').
 - C071 Access to waits for ADHD Assessment and Services.
 - C072 Achievement of elective care Referral to Treatment standards (92%) by the Royal Liverpool and Broadgreen.
 - C029 Delivery of 4 hour standard in A&E Department at the Royal Liverpool Hospital.
 - C035 Delivery of 4 hour standard in A&E Department at Aintree Hospital.
- Risks could also be escalated up to the Governing Body Assurance Framework, where members felt this to be appropriate.

The Lay Member for Audit thanked the Senior Operations & Governance Manager and his team for their hard work in achieving a Risk Register which correctly detailed the real risks to the organisation and allowed the Governing Body to be able to review clearly. The Lay Member for Governance/Non Clinical Vice Chair agreed although noted that the issue of the cases where residual risk was higher than inherent risk needed to be looked at. The Chief Operating Office noted that this referred to the risk around the delivery of urgent and emergency care and would take up this discussion with the Lay Member for Governance/Non Clinical Vice Chair outside of the Governing Body meeting.

The Liverpool CCG Governing Body:

- **Notes the risks (CO79 and CO65) that had been recommended for removal from the Corporate Risk Register;**
- **Noted the transfer of risks (CO45, CO71, CO72, CO29 and CO35) to the CCG Issues Log;**
- **Noted the transfer of risks (CO18 and CO76) to the Governing Body Assurance Framework (GBAF)**
- **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.**

(c) Issues Log - Report No: GB 07c-19

The Senior Operations & Governance Manager presented the Issues Log as at 31st December 2018 to the Governing Body.

There were four entries in the CCG Issues Log as at 31st December 2018 (all of which had been transferred from the CCG's Corporate Risk Register):

- **IL01** – long-term performance issue concerning Improving Access to Psychological Therapies ('IAPT') waiting times for 2nd therapy appointments;
- **IL02** – long-term performance issue against mandated delivery of 18 Week Referral to Treatment target;
- **IL03** – long-term performance issue against delivery of mandated 4hr A&E Target;
- **IL04** – commissioning issue relating to Adult ADHD Assessment waiting times and impact of lack of treatment on vulnerable groups;

Recovery actions were listed against each issue with clear timeframes for completion and clear accountability at officer level for delivery of those actions.

The Governing Body commented as follows:

- The Lay Member for Governance/Non Clinical Vice Chair observed how good it was to separate issues from risks.
- The Cabinet Member for Adult Health & Social Care Liverpool City Council noted that the Government had assured additional spending for the transformation of mental health provision and wondered if this would impact on IAPT and Adult ADHD. The Chief Finance & Contracting Officer responded that the NHS Long Term Plan had been announced the previous day but guidance and allocations had not yet been received, as far as we were aware there was no "ring-fenced" funding but significant increased for commissioning in primary care and mental health. The Chief Officer added that Liverpool CCG was one of the few to actually deliver the investment standards

for mental health. The CCG Accountable Officers would ask for more detailed information.

The Liverpool CCG Governing Body:

- **Noted the entries in the CCG Issues Log as at 31st December 2018;**
- **Satisfied itself that control measures and action plans provide sufficient internal assurances of recovery or risk of further escalation, and;**
- **Agreed that the ‘priority’ score of each issue accurately reflected the level of criticality in relation to recovery.**

5.2 Feedback from Formal Committees – Report No: GB 08-19

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:

- Finance Procurement & Contracting Committee - 27th November and 18th December 2018
- North Mersey Joint Committee – 28th November 2018
- Extraordinary Remuneration Committee – 29th November 2018
- Audit Risk & Scrutiny Committee – 4th December 2018.
- Quality Safety & Outcomes Committee – 4th December 2018
- Committees In Common – 14th December 2018

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

The Liverpool CCG Governing Body:

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

6. Questions from the public

A written response had been distributed to those present to a letter from Merseyside Pensioners Association (‘MPA’) dated 3rd December 2018.

6.1 Lesley Mahmood from “Save Liverpool Women’s Hospital” asked when the minutes from the Cheshire & Mersey Health Partnership

would be available with the Governing Body papers in the public domain. The Chief Officer responded that this had now been agreed with the Cheshire & Mersey Health Partnership and soon as the latest approved minutes were available they would be included in the Liverpool CCG Governing Body papers pack. Other Cheshire & Mersey area CCGs would be including them in their Governing Body papers so would be available at different times via different CCG websites.

6.2 Lesley Mahmood from “Save Liverpool Women’s Hospital” asked for the next meeting of the North Mersey Joint Committee not to be held at Merton House (South Sefton CCG) given the difficulties the public attending had experienced in gaining access to the building. The Chair apologised for the difficulties which had been caused by the reception no longer being manned by Sefton Council who had recently moved out of the building and there were issues with the intercom system and gave assurance that a different venue would be used in the future.

6.3 Lesley Mahmood from “Save Liverpool Women’s Hospital” asked about capital funding for Liverpool Women’s Hospital of £100m. The Chief Officer responded that a capital bids had been announced in November 2018 however no capital had been identified for Liverpool Women’s Hospital.

6.7 Teresa Williamson from Merseyside Pensioners Association referred to the emphasis on prevention and commented how disappointing it was that funding from the CCG for the Women’s Health Information & Support Centre (‘WHISC’) on Bold Street had been withdrawn. The centre was unique in the support/services it offered to women in the city and supported women in such a way as to reduce their need to see a GP or use other health services. She also referred to Interserve who had the contract to carry out the extension work to the neonatal unit at Liverpool Women’s Hospital and information around their financial situation/debt levels which threw doubt on its ability to deliver. The Chief Officer responded that the CCG was not responsible for the contract with Interserve. With regard to the question of the withdrawal of funding for WHISC Dr Janet Bliss agreed that the organisation was excellent and that she referred patients there herself. There had been a reduction in funding from the CCG to Voluntary Sector organisations. Work was ongoing with a Leadership Group of Voluntary Sector organisations to look how to take joint working forward.

6.8 Janet Bennett from “Save Liverpool Women’s Hospital” raised the issue of patients from one area of the country choosing to have their treatment in Liverpool which she had not been aware was possible (this was based on a personal connection). Her concern was that this might put Liverpool at a disadvantage. The Chief Officer explained that under patient choice this was possible although usually people chose the hospital nearest to home but centres of expertise and /or waiting times in exceptional circumstances might lead to the choice of a hospital further afield. The Chair noted that it was the patient’s home CCG who paid and also NHS England Specialist Commissioning commissioned some specialist pathways in specialist trusts.

7. DATE AND TIME OF NEXT MEETING

Tuesday 12th March 2019 – Boardroom Liverpool CCG