

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNNG BODY**

**Minutes of meeting held on TUESDAY 12TH MARCH 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
Sally Houghton	Lay Member for Audit
Dr Paula Finnerty	GP Director
Dr Ian Pawson	GP Director
Dr Stephen Sutcliffe	GP Director
Dr Fiona Ogden-Forde	GP Director
Dr Monica Khuraijam	GP Director
Dr Shamim Rose	GP Director
Dr Maurice Smith	GP Director

NON VOTING MEMBERS:

Sandra Davies	Director of Public Health
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IN ATTENDANCE

Bill McCarthy	NHS England North West Regional Director
Carole Hill	Director of Strategy, Communications & Integration
Kerry Lloyd	Deputy Chief Nurse
Martin Farran	Director of Adult Services & Health, Liverpool City Council
Samson James	Director of Planning, Performance & Delivery
Stephen Hendry	Senior Operations & Governance Manager
Paula Jones	Committee Secretary

Apologies

Jane Lunt	Director of Quality, Outcomes & Improvement/Chief Nurse
Gerry Gray	Lay Member for Financial Management
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Ian Davies	Chief Operating Officer
Barry Kushner	Cabinet Member for Children's Services, Liverpool City Council
Dr Rob Barnett	Secretary of Local Medical Committee
<i>Lynn Collins</i>	<i>Chair, Healthwatch</i>

Public: 11

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made. She welcomed Bill McCarthy to the meeting who was the newly appointed North West Regional Director for NHS England to take up office on 1st April 2019 and was visiting the region. He reflected on an interesting day meeting with the Accountable Officers and Chief Executives of provider organisation and noting the willingness from all to collaborate in the interests of the communities we served, helping the most vulnerable to access services. The provider organisations Chief Executives had strong clinical strategies for the next five years to ensure everyone in Cheshire & Merseyside had access to excellent services. He noted the issue of GP recruitment and the need to sustain quality services and to be honest about the scale of the challenge. He thanked Liverpool CCG for including him in the day's meetings and the Chair invited him to visit again.

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 8th January 2019 were agreed as an accurate record of the discussions which had taken place subject to the following amendments:

- Item 3.2 Performance Report page 12 first paragraph, the reference to the difficulties in recruiting consultant staff at Liverpool Women’s Hospital was directly attributable to the standalone nature of the trust rather than specialist nature.
- Item 4.1 Continuing Healthcare: Previously Unassessed Periods of Care (‘PUPOCs’) – page 17 final recommendations to be amended to recommendation two read “Agreed to undertake PUPOCs”, third recommendation to read “Requested that the Senior Leadership Team put together a specific Policy on the undertaking of PUPOCs on a rolling annual basis taking into account legal advice”.

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

- 1.3.1** Action Point One – the Senior Operations & Governance Manager noted that work was ongoing to define the split in increase in non-elective activity due to coding and due to real growth in activity – this would be included in the next report.
- 1.3.2** Action Point Two – it was noted that the Operational Plan had been discussed at Governing Body Strategic Development Sessions and the matter was ongoing.
- 1.3.3** Action Point Three – it was noted that the action from the Chief Officer’s Report from the January 2019 Governing Body meeting for the Liverpool Community Health Look Back Exercise learning points formal report to come to the Governing Body was not yet complete/ready and would come to the May 2019 Governing Body Development Session.
- 1.3.4** Action Point Four – it was noted that the action for Governing Body Strategic Development Sessions to discuss overlap of Long Term Planning and Public Health areas was ongoing.
- 1.3.5** Action Point Five – it was noted that the link to the “Live Your Life” website had been circulated.

- 1.3.6** Action Point Six – the Director of Public Health updated that she had picked up with NHS England the matter of identification of areas requiring support re ‘flu vaccination.
- 1.3.7** Action Point Seven – it was noted that indicative figures for each trust risk would be included in the Finance Report for the new financial year.
- 1.3.8** Action Point Eight – it was noted that adverse patient experience would be included in the Performance Report for the May 2019 Governing Body.
- 1.3.9** Action Point Nine – it was noted that there was a Cancer Performance slide deck included with the Performance Report on the agenda.
- 1.3.10** Action Point Ten – the Senior Operations & Governance Manager noted that performance data on enhanced access was included in the appendices to the Performance Report on today’s agenda.
- 1.3.11** Action Point Eleven – it was noted that the Policy around Previously Unassessed Periods of Care (‘PUPOC’) was still in draft and would be presented to the May 2019 Governing Body.
- 1.3.12** Action Point Twelve – the Lay Member for Governance/Non Clinical Vice Chair noted that she was meeting with the Chief Operating Officer the following week to discuss the Urgent and Emergency Care risk where residual risk was now greater than inherent risk.

PART 2: UPDATES

2.1 Chief Officer’s Report – Report No: GB 09-19

The Chief Officer updated the Governing Body:

- The newly appointed Director of Planning, Performance & Delivery was attending the Governing Body and was welcomed to the CCG. His appointment was part of the wider organisational restructure to take the CCG forward as a strategic commissioner working with the whole system including Local Authority, Primary Care Networks and Provider Alliance.

The restructure was taking longer than we would have desired, partly due to the need for external recruitment.

- The Governing Body agenda included the One Liverpool Operational and Financial Plan for 2019/20. The Chair and the Chief Officer were meeting with the Membership to share the changes to the CCG's governance structure and plans.
- Liverpool Community Health Look Back Exercise – some stories and staff experiences were harrowing but Mersey Care were now in a much better place to develop and move on. The CCG was carrying out their own independent review being carried out by two nurses from another CCG who would report back to the Governing Body Strategic Development sessions and ultimately the Governing Body.
- Primary Care Connect Limited had given notice on their APMS contracts providing six GP practice services. They would stop providing Primary Care by the end of June 2019 at the latest. There were significant challenges for the CCG in re-procuring or re-providing Primary Care Services in these practices going forward and we needed to work with patients and within legislation to mitigate the risks.
- The Governing Body had already been introduced to Bill McCarthy the new North West Regional Director for NHS England.

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 10-19

The Deputy Chief Nurse presented the Chief Nurse's Report to the Governing Body. She highlighted:

- The Special Educational Needs & Disability ('SEND') Inspection findings had been received from the January 2019 inspection and there was a detailed paper later on in the agenda.

- Primary Care Connect – this was a challenging situation and had been mentioned in the Chief Officer’s report.
- The Quality Team at Liverpool CCG had undertaken a Mental Health Thematic Review of Mersey Care Mental Health Division around Serious Incidents and recurring themes. There had been a very positive workshop held with engagement from providers and NHS England in attendance from which the three priority areas of Risk Assessment, Processes for Joint Working and Family Engagement had been identified.
- Mersey Care Community Division – Children In Care – internal work was ongoing with the Safeguarding Team on how to support children and families/carers through the process of health assessment.
- Royal Liverpool Hospital Referral to Treatment and Diagnostics waits – the trust was under Enhanced Surveillance for these processes – workforce remained a key challenge.
- North West Ambulance Service (‘NWAS’) – Liverpool CCG was a co-commissioner with Blackpool CCG the co-ordinating commissioner. We were trying, via the Chief Nurse Network, to understand issues and feed them back to NWAS.
- Continuing Healthcare – there was positive quarter three performance data for the CCG regarding performance around the 28 day referral to eligibility target.
- Transforming Care Programme – this was a national programme to improve the quality of all services for Learning Disability patients. Work was ongoing to facilitate discharge.
- Multi-Agency Safeguarding Arrangements (‘MASA’) – there was detailed paper later on the agenda.
- Gram Negative Bloodstream Infection (‘GNBSI’) – a collaborative approach was being taken to reduce Urinary Tract Infections.

The Liverpool CCG Governing Body:

- **Noted the contents of the report**

2.3 Public Health Update – Report No: GB 11-19

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

- Air Pollution – Liverpool City Region would be using Liverpool’s “Let’s Clean the Air” campaign. Public Health England had produced a report on our air quality which caused between 28,000 and 36,000 deaths per year, representing the biggest environmental threat to public health
- Two Public Health campaigns had been shortlisted for a British Medical Journal award (“Drink Less Feel Good” and “Save Kids from Sugar”).
- There were still concerns around the uptake of children’s immunisations.
- Adult Life Expectancy had reduced by six months across the board and we did not know why. It would be good to clarify if this related disproportionately re levels of deprivation and this level of breakdown was not yet known, as soon as it was obtained the Governing Body would be updated.

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 January 2019 – Month 10 18/19 – Report No: GB 12-19

The Chief Finance & Contracting Officer presented the CCG's financial performance for the month of January 2019 (Month 10) 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 31st January 2019, 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 were shown on big page 91, showing 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.
- Big page 92 described the resource limit allocation available to the CCG with an in-year revenue resource limit allocations for 2018/19 totalling £890.3m.
- Further detailed information was included on pages on 93-96 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 97 and also being dependent upon the delivery of planned Cash Releasing Efficiency Savings (CRES) as described on page 98.
- He was pleased to say that the CCG was currently forecasting slightly higher levels of delivery of circa £9.9m 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 as shown on big page 100 and 101 respectively 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:

- The Lay Member for Audit referred to the relative 'over-performance' on programme budgets compared to the under-performance on running cost and also noted that a number of the causes were non-recurrent. The Lay member asked how this was being taken into account as part of the planning for future years particularly given the running cost reduction next year. The Chief Finance & Contracting Officer responded that the 20% running cost allowance savings were not technically effective until 20/21 financial year, but that the CCG had planned to start making progress towards the reduction in the 19/20 year in line with recommended approach from NHS England. With regards to wider non-recurrent drivers, this was a normal aspect of planning for each financial year re non-recurrent and had been taken into account in terms of both available resources and expenditure.
- The Chair commented on the key message in the operating cost statement expenditure area of Continuing Healthcare/palliative care and the reduction in forecast spend for the year compared to the budget. The Chief Finance & Contracting Officer responded that we did not yet have all the data for the year. The Chair wondered if hospices were under-performing however there were financial difficulties across the hospice sector. The Deputy Chief Nurse added that some of the under-performance might be due to the End of Life Service STARS which had not developed as expected.

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 March 2019 – Report No: GB 13-19

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 November 2018 to December 2018.

He highlighted by exception:

- Good performance against a number of key NHS Constitutional measures; particularly Early Intervention in Psychosis (EIP) and Dementia Diagnosis;
- Some positives in terms of clearing 52 week waits ahead of the new financial year, particularly for **Liverpool Women's** which we knew had experienced significant issues in terms of its waiting lists over the last 12 months;
- Still facing stern challenges in relation to **RTT** ('Referral to Treatment') **performance** – whilst incompletes had not dipped below the 80% mark we had to be cognisant of the fact that the last time RTT was achieved was in 2016. Recovery actions were described and summarised in the CCG's Issues Log;
- **Diagnostics** – after seeing performance improve in the autumn the position was worsening as we headed towards the year-end. All Liverpool providers are currently failing the 1% standard with Liverpool Heart & Chest's performance of particular concern due mainly to CT scanner availability. It was anticipated that once CT and MRI scanners were fully operational in May / July 2019 respectively the Trust position would improve. Royal Liverpool might begin to see improvement with new endoscopy provider fully operational from Feb 2018;
- **Cancer 2 week waits and 62 days** – extended narrative was in appendix which described the risks and issues currently affecting these pathways;
- **Ambulance response times** – no real change but some improvements in Ambulance Response Programme ('ARP') were being noted. Full rostering review would be crucial in aligning

capacity to demand but as report said, we were not likely to see positives until 2020/21;

- **Healthcare Associated Infections** – one case of MRSA in Jan 19 and 31 incidences of E-coli (which had already exceeded annual plan at Month 10).
- **Improving Access to Psychological Therapies ('IAPT')** – recovery and access still below target. This was on issues log.
- **Care Quality Commission** – 3 reports published – Marybone, Kensington Health Centre and Green Lane Medical. All received overall ratings of 'Good' with Marybone demonstrating some 'outstanding' areas of practice.

The Governing Body commented as follows:

- A Governing Body GP referred to e-referral performance targets and noted performance of 120% which was not possible. The Senior Operations & Governance Lead agreed to clarify this outside of the meeting.
- The Chair asked for a correction to the reference to extended access which was different from enhanced access. She noted that how we monitored quality was the responsibility of the Quality Team.

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 2019/2020 Financial Plan – Report No: GB 14-19

- This paper provided the Governing Body with the current financial planning assumptions in relation to the requirements of NHS England's 'Business Planning' rules for 2019/20 financial year.
- In line with the CCG's constitution, part of the Chief Finance & Contracting Officer's role was to prepare and submit budgets to the governing body for approval prior to the start of the financial year.
- Liverpool CCG's plans for 19/20 had been developed using a well established methodology as described within the paper, however given both the relatively late release of planning information for this year and current position with regards to local contract negotiations, this plan remained based upon the best information available at the time of submission of Governing Body papers and would continue to be subject to changes from contract discussions and until the final plan submission on the 4th April.
- However, based upon current information the Key messages as outlined on big page 163 were as follows:
 - Current planning assumptions suggested delivery of control target (break even) and against the 'Business Rules' on big page 164 was broadly achievable, subject to:
 - Resolution of contract discussions, and that these were broadly aligned to current estimated values
 - Confirmation of other planning assumptions regarding Mental Health Investments etc
 - Delivery of Cash Releasing Efficiency Savings ('CRES') (an estimated 1.3%/ £12.1m was likely to be required)
 - Management of financial risks as stated within available contingency / other earmarked reserves.
- Due to combination of factors and current expenditure assumptions, circa £7.8m of new investment was available to support performance improvement and the One Liverpool 'place based' plan. The suggested approach supported compliance with the Mental Health Investment Standard, utilisation of both the 'Place-Based' H&CP Transformation pot and Non-Recurrent

resources available as a result of utilisation of the CCG Incentive Scheme in 18/19.

- Further detailed information had been included within the planning paper and had been discussed at the recent Finance, Procurement and Contracting Committee but the Governing Body were asked to note a number of key pieces of information to understand the overall planning assumptions
- Big Page 168 described the key changes to the 19/20 financial plan in respect of application of the CCG's resource allocation growth as described within the pack. The majority of additional resources were consumed by increases to national tariff to reflect price increases and also anticipated increases in activity growth in order to meet increased demand for services and required improvements to performance targets.
- Big page 169-170 reflected current assumptions regarding the Mental Health Investment standard. Again to reiterate these assumptions remained live and pending contract agreements in a number of areas but suggested the CCG would be compliant with the mental health investment standard.
- Big Page 171 reflected the current savings requirements of the CCG in order to deliver its break even position. Around £12.1m or 1.3% of savings were currently forecast to be required but again remain subject to variation depending on resolution of a number of different factors.
- Big Page 172 -173 described the potential 'investment' resources that were available to CCG due a number of factors within the 19/20 financial year. The current assessment of expenditure plans had developed through the organisation's prioritisation process using the form 1's submitted from commissioning / programme leads.
- Further information regarding Primary Care, Running Costs and Better Care was included on relevant pages.
- Big Page 177 included a summary of the current assessment of financial risk attention was drawn to the potential risk values involved and areas of potential mitigation. The CCG did continue to plan for its required 0.5% contingency as required, however in-year risk would significantly increase on all sides of the system if a

'Acting as One' successor agreement could not be reached ahead of contract deadline and the system reverts back to a Payment By Results ('PBR') contract.

The Governing Body commented as follows:

- A Governing Body GP member asked what the impact on the CCG would be of tariff increases across the board if an Acting As One successor contract was not in place. The Chief Finance & Contracting Officer responded that the national tariff increases for Urgent and Emergency Care would benefit the Royal Liverpool Hospital and Aintree Hospitals who had £85m combined deficit therefore the changes in national tariff reflected where costs sat in the system and would help hospitals to improve their financial position. Most trusts had control total targets so we needed to do what was right for the system. Was it better to have certainty or revert to PBR. The risk to the CCG was unknown at this stage. The consensus at this stage was for certainty but we would need to look at where costs sat in the system and change behaviours rather than use penalties and have a confrontational relationship. So, the national tariff meant higher income for trusts and a better chance of delivery of control targets but also put more risk in the system.
- The Lay Member for Patient & Public Involvement noted that he was happy to approve the delegation of budgets to the Senior Leadership Team and asked if there was any risk of not delivering Business Rules. The Chief Finance & Accounting Officer responded that we were not far from having in broad terms a contractual alignment with our provider trusts. If there was a move to a PBR style contract then the £4m contingency for a separate contract risk was wise, for an Acting As One style contract that could be reused elsewhere. He confirmed that a higher contingency would not affect planned expenditure.
- In response to a query from a Governing Body GP about the validity of the additional contingency figure the Chief Finance & Contracting Officer responded that there had been £5m of over-performance under Acting As One some of which had been due to coding so we did have a level of comfort of the difference between outturn and planned activity this year and what was likely to happen next year. The Governing Body GP felt comfortable about the delegation of the budget sign off to the Senior Leadership Team noting that if anything "new" should happen the decision needed to come back to the Governing Body. The Chief Officer

added that not having an Acting As One Style contract would be seen as a backwards step by NHS England.

- A Governing Body GP member questioned the wisdom of spending £830k on GPs in the A&E Department given performance in A&E. The Chief Finance & Contracting Officer responded that this was a longstanding contractual agreement and going forward this would be assessed for value for money. The Director of Strategy, Communications & Integration reminded the Governing Body members of the ongoing review of the Urgent Care system which would be considering this and other services in place as part of the review.

The Liverpool CCG Governing Body:

- **Noted the NHS England Business Planning 'Rules' for the 19/20 financial year**
- **Noted the resources available to the CCG based on the 19/20 allocation from NHS England**
- **Noted the 19/20 expenditure assumptions and potential impact of tariff, growth and other adjustments relating to the areas of CCG programme expenditure, the subsequent required savings assumptions for the financial year and remaining risks as highlighted within the report.**
- **On the basis of the assumptions as outlined within this plan, the Governing Body approved the principles supporting the development of financial plan and that the relevant information included within was used to inform the relevant submissions to NHS England including identified savings plans, risks and mitigations.**
- **Approved the delegation of budgets to the Senior Leadership Team as described within the supporting appendices (with subsequent delegation to the next level of hierarchy as appropriate being subject to change pending the CCG's internal reorganisation during 2019/20) with budgetary sign off to be achieved before the start of the financial year.**

4.2 Liverpool Joint Local Area Special Educational Needs & Disability ('SEND') 0-25 Inspection for Liverpool – Report No: GB 15-19

The Deputy Chief Nurse presented a paper to the Governing Body which provided details of the inspection, outcomes and improvements required. The Joint local area SEND inspection for Liverpool took place between 7th January and 18th January 2019. The inspection had the following key areas of focus:

- The effectiveness of the local area in identifying children and young people with SEND.
- The effectiveness of the local area in meeting the needs of children and young people with SEND.
- The effectiveness of the local area in improving outcomes for children and young people with SEND.

The inspection report took the form of a letter that outlined main findings, strengths and areas for improvement. If the area was found to have significant concerns about the effectiveness of the local area, a Written Statement of Action was included in the report. Liverpool had received a Written Statement of Action on three issues:

- The failure of leaders to take the necessary actions to remedy known weaknesses.
- The endemic weakness in the Education Health Care Plan process, timeliness and quality of plans.
- The underdeveloped joint commissioning arrangements for 0-25 SEND provision.

The Lay Member for Audit felt that the issues raised by the inspection were longstanding and wanted to know what assurances were in place as they had not been flagged in the annual report from the Liverpool Safeguarding Children Board or the Safeguarding Annual Report. The Deputy Chief Nurse responded that there had been a shift in leadership at the Local Authority in children's services and also at Liverpool Community Health which had had an impact. The Chief Officer agreed that the Governing Body had been unsighted on certain aspects of quality and improvements could be made relatively quickly, for example access to Adult ADHD Services was being

addressed. We needed to make better use of the Chief Nurse's Report as a Governing Body.

The Director of Adult Services & Health, Liverpool City Council noted that 50% of the country had received areas of to address. From an audit perspective we were looking at transition from children to adult services along with support for parents. The inspection had fulfilled its purpose.

The Lay Member for Governance/Non Clinical Vice Chair did not take much comfort from the discussions and wanted to know who was taking ownership and leadership in this area. The Chief Officer responded that this was the responsibility of the CCG and the Local Authority working in partnership. The reporting was via the Quality Safety & Outcomes Committee to the Governing Body, the action plan was still being worked up and would be shared at the Governing Body in May 2019 having first been to the Quality Safety & Outcomes Committee.

The Liverpool CCG Governing Body:

- **Noted the outcome of the inspection**
- **Noted the activity to make required improvements**

PART 5: GOVERNANCE

5.1 Risk Management

(a) Governing Body Assurance Framework – Report No: GB 18a-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:

- No real changes to risk scores or 'assurance ratings' for this update. This was mainly due to reliance on a number of key actions in relation to the CCG's managerial structure, clinical leadership and committee structure being completed by the end of the financial year. One of the more significant developments was the month 10 financial position (already discussed in the

Finance Report). Also a timely reminder to the GB that this is very much 'your' document to own especially as we embarked on a refresh for the new financial year.

- The achievement of the financial position as at year end risk had reduced and we would need to decide on target savings area and ensure they were set correctly with the correct risk description.

The Governing Body commented as follows:

- The Chair noted that the Senior Operations & Governance Manager required the area leads to respond in a timely fashion to his requests for updates and this would be brought to the Senior Leadership Team meeting for review.

The Liverpool CCG Governing Body:

- **Agreed that the 2018/19 framework continues 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 (March 2019) - Report No: GB 16b-19

The Senior Operations & Governance Manager presented the Corporate Risk Register to the Governing Body and noted that there were no new risks added or removed. He and the Lay Member for Audit had reflected on the risk descriptions, for example should the Liverpool Community Health risk be carried forward to 2019/20 or changed, were there real risks or simply issues.

The composition and format of the Corporate Risk Register would be revised for the new financial year. For March 2019 only one risk had a residual rating of 'extreme' and we were aware that had been

queried with the risk owner. The reasons for the increase were the known pressures on the urgent care system in January 2019 and the falls in A&E performance at Liverpool providers. Some risks included did need to be closely looked at going forward into the new financial year but the Governance Team would continue to work with leads (and the Lay Member for Audit) to ensure the Governing Body was able to maintain a focus on risks to the CCG's objectives.

The Lay Member for Audited commented that some of the risk data did not match up with the mitigating actions. Also some of the management actions/mitigations were more reassurance than assurance. The Governing Body needed to know what would happen now and how would actions taken affect the risk.

A GP Member felt that all Red risks should be discussed for example the North West Ambulance Service risk C074. Also C036 Delivery of Urgent and Emergency Care had an inherent risk score of 12 and a residual risk score of 16 after mitigations which did not seem correct. The Lay Member for Governance/Non Clinical Vice Chair agreed. The Senior Operations & Governance Manager felt that the inherent risk score was wrong and would look into this outside of the meeting and resolve.

The Chief Officer noted that the Governing Body Assurance Framework should assure that risks were being managed, this was now a better way of managing risk.

The Liverpool CCG Governing Body:

- **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 16c-19

The Senior Operations & Governance Manager presented the Issues Log as at 5th March 2019 and noted:

- There was one new entry IL05 Cancer Waiting Time (62 days, 2 week waits and 31 days) due to continued poor performance

(see cancer performance slide deck appended to the Performance Report). There needed to be follow up actions and Referral to Treatment and A&E performance. The Chief Officer noted that this would be a key issue for the new Performance Committee to address once it was established.

- The Lay Member for Governance asked for the movement from the Risk Register to the Issues Log to be recorded.

The Liverpool CCG Governing Body:

- **Noted the entries in the CCG Issues Log as at 2019;**
- **Satisfied itself that control measures and action plans provided sufficient internal assurances of recovery or risk of further escalation, and;**
- **Agreed that the 'priority' score of each issue accurately reflects the level of criticality in relation to recovery.**

5.2 CCG Responsibilities in relation to the new Multi-Agency Safeguarding Arrangements for Children – Report No: GB 17-19

The Deputy Chief Nurse presented a report outlining the CCG responsibilities in relation to the new Multi-Agency Safeguarding Arrangements for Children ('MASA') to the Governing Body for noting and agreement which had been changed in response to legislation and guidance. In February 2018 the Liverpool Safeguarding Children Board had established a Task and Finish Group to develop new multi-agency safeguarding arrangements required under Working Together to Safeguard Children July 2018. The Liverpool MASA Board was to produce an annual business plan to set out the priorities for the next 12 months, plans for multi-agency audit and scrutiny and workforce development.

The Chief Officer noted that the Governing Body of Liverpool CCG could not delegate accountability to the MASA Board and the Deputy Chief Nurse agreed to feed that back to them.

A GP Member felt that there should be a bi-annual report to the Governing Body on Safeguarding matters, the Deputy Chief Nurse agreed to take this back, possibility with updates coming to the Governing Body Development Sessions.

The Director of Adult Services & Health, Liverpool City Council felt that it would be good to carry out the same reporting for adults and he would like to see a Liverpool Group in place which was planned for the near future and would bring reporting back to the Governing Body.

The Chair commented on the issue of independent scrutiny (no independent Chair for the MASA Board). The Deputy Chief Nurse agreed to take this as an action.

The Liverpool CCG Governing Body:

- **Noted the new arrangements**
- **Agreed Governing Body delegated authority through specific roles, namely the Director of Quality, Outcomes & Improvement and the Designated Nurses**
- **Agreed the workplan.**

5.3 Attendance Management Policy – Report No: GB 18-19

The Lay Member for Governance/Non Clinical Vice Chair who was also Chair of the HR Committee presented the new Attendance Management Policy which had been recommended for approval by the HR Committee for approval by the Governing Body. The previous Policy had been renewed using the Midlands & Lancashire Commissioning Support Unit's policy [as a starting point](#). The new policy provided for an informal first stage discussion/meeting which was more acceptable and user-friendly.

The Liverpool CCG Governing Body:

- **Approved the Attendance Management Policy as recommended by the HR Committee**

5.4 Information Governance Policies – Report No: GB 19-19

The Chief Finance & Contracting Officer presented a paper which sought Governing Body approval for changes to the relevant CCG Information Governance Policies which had been developed in line with General Data Protection Regulations ('GDPR'). Refinements to existing policies or new policies where required had been developed

through the CCG's Information Governance Steering Group and approved at the Finance Procurement & Contracting Committee. Under the CCG's Scheme of Delegation the Governing Body was required to approve these and policies which would be used as the basis for submission to the Data Security & Protection Toolkit as applicable.

The new policies requiring approval were:

Third Party Device Network Access Policy
Pseudonymisation Policy
Privacy & Design Policy
Information Management Breach and Incident Reporting Procedure V1.

The Information Governance Confidentiality Code of Practice V4 had been re-written.

The paper contained the new policies and a hyperlink to the CCG website for the existing policies.

The Liverpool CCG Governing Body:

- **Approved the updates to existing policies and the new Information Governance policies as required to ensure that the CCG has robust Information Governance Policies and Procedures in place for operational delivery.**

5.5 2018/19 Audit Risk & Scrutiny Committee Annual Report to the Governing Body – Report No: GB 20-19

The Lay Member for Audit presented the Audit Risk and Scrutiny Committee Annual Report for noting. The Governing Body delegates certain functions to the Audit Risk and Scrutiny Committee. The annual report provides assurance to the Governing Body that the Audit Risk and Scrutiny Committee properly performed its role per its terms of reference and that the Governing Body can place reliance on the work that the Committee performs on its behalf. The outstanding sections of the report including the Head of Internal Audit annual opinion will be updated and presented to the Governing Body at the May meeting prior to the approval of the Annual Report and Accounts.

The Liverpool CCG Governing Body:

- **Noted the 2018/19 Audit Risk and Scrutiny Committee Annual Report to the Governing Body**

5.6 Feedback from Formal Committees – Report No: GB 21-19

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 - 22nd January and 26th February 2019
- Quality Safety & Outcomes Committee – 5th February and 5th March 2019
- Committees In Common – 8th February 2019
- Audit Risk & Scrutiny Committee – 26th February 2019

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

6.1 A Member of the public was concerned that the Cabinet Member for Health & Adult Social Care, Liverpool City Council had sent apologies to the meeting given that there should be Liverpool City Council representation. It was noted that the Director of Adult Services & Health, Liverpool City Council was in attendance along with the Director of Public Health and the Cabinet Member had attended the previous meeting and did so on a regular basis.

6.2 .Lesley Mahmood of “Save Liverpool Women’s Hospital” asked if there were plans for public consultation on the integration of services at the Royal Liverpool Hospital and Aintree Hospital before the merger took place. The Director of Strategy, Communications & Integration responded that the merger was a different process to the integration of services and was regulated through NHS Improvement, public consultation was not required but there would be engagement with the public. The matter was

to be discussed at the next Health Select Committee. Once the merger had taken place the two trusts would be working together to develop a programme of bring together services over the next five years.

6.3 Teresa Williamson from “Keep Our NHS Public” raised the issue of the use of the company Interserve, which she said was at risk of collapse, to build the new neonatal unit at Liverpool Women’s Hospital and what could the CCG do to stop this. The Chair responded that the Liverpool Women’s Hospital was a sovereign trust and the CCG had no say on how they awarded their building contracts, only on how their actions impacted on patient care.

7. DATE AND TIME OF NEXT MEETING

Friday 24th May 2019 at 9am – Boardroom Liverpool CCG. It was noted that Annual Report and Accounts would be received at this meeting hence the change of the date from the normal sequence of second Tuesday bi-monthly in order to accommodate the reporting deadlines. It was anticipated that this would be a long meeting.

The Chair took the opportunity to inform the Governing Body that the Lay Member for Patient & Public Involvement was stepping down from his position at the end of the month and she thanked him for his contribution to the Governing Body.