

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNNG BODY**
Minutes of meeting held on FRIDAY 24TH MAY 2019 at 9AM
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
Gerry Gray	Lay Member for Financial Management
Peter Kirkbride	Secondary Care Clinician
Cathy Maddaford	Registered Nurse
Dr Janet Bliss	GP/Clinical Vice 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

NON VOTING MEMBERS:

IN ATTENDANCE

Carole Hill	Director of Strategy, Communications & Integration
Kerry Lloyd	Deputy Chief Nurse
Ian Davies	Chief Operating Officer
Samson James	Director of Planning, Performance & Delivery
Stephen Hendry	Senior Operations & Governance Manager
Sarah Thwaites	Chief Executive Healthwatch Liverpool
Paula Jones	Committee Secretary

Apologies

Dr Shamim Rose	GP Director
Dr Maurice Smith	GP Director

Jane Lunt	Director of Quality, Outcomes & Improvement/Chief Nurse
Sandra Davies	Director of Public Health
<i>Paul Brant</i>	<i>Cabinet Member for Health & Adult Social Care, Liverpool City Council</i>
Martin Farran	Director of Adult Services & Health, Liverpool City Council
Barry Kushner	Cabinet Member for Children's Services, Liverpool City Council
Dr Rob Barnett	Secretary of Local Medical Committee
Lynn Collins	Chair, Healthwatch

Public: 10

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made. The Chair welcomed the newly appointed Secondary Care Clinician and Registered Nurse who were attending their first formal Governing Body meeting. She referred to the length of the agenda and asked presenters to bear in mind that members had already read the papers and were to present bearing this in mind.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made relating to any items on the agenda other than the Chair declaring an interest in item 3.1 Performance Report regarding the reference to the Care Quality Commission Inspection report regarding her practice Aintree Park Group Practice. Although she had an interest she was not conflicted as the report contained factual historic data.

1.2 MINUTES AND ACTION POINTS FROM THE LAST MEETING

The minutes of the meeting which took place on 12th March 2019 were agreed as an accurate record of the discussions which had taken place subject to the following amendments:

- Item 3,1 Finance Update January 2019 page 9 the reference to the hospice sector should read that there were financial difficulties across the hospice sector.
- Item 4.1 2019/20 Financial Plan page 14 first bullet last sentence should read "...better chance of delivery of control targets.." and the second bullet had duplicate the word "then."
- Item 6.3 response to questions from the public – it needed to be clarified that it was the questioner making reference to Interserve being at risk of collapse.

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

- 1.3.1** Action Point One – it was noted that the performance report contained a split between increase in non-elective activity due to coding and real growth in activity.
- 1.3.2** Action Point Two – the Chief Officer updated that the report on learning points from the Liverpool Community Health Peer Review was being amended and the report would come to the June 2019 Governing Body Development Session.
- 1.3.3** Action Point Three – it was noted that trust risk figures were being reported in the Finance Report for the new financial year.
- 1.3.4** Action Point Four – the Senior Operations & Governance Manager updated the Governing Body that following discussions it had been agreed that adverse patient experience should be contained in the Chief Nurse's report. The Deputy Chief Nurse added that the CCG was still considering how to get a sense of patient experience in a challenging system in areas such as Referral to Treatment Times and a piece of work was underway which would come to the Governing Body in the future, although consensus was needed regarding what 'adverse patient experience' meant.
- 1.3.5** Action Point Five – Previously Unassessed Periods of Care ('PUPoC') Policy – the Chair informed the Governing Body that it had been agreed more public engagement was required before this came back to the Governing Body.

- 1.3.6** Action Point Six – it was noted by the Senior Operations & Governance Manager that the issue of the 120% performance on e-referral targets was being picked up by the CHOICE Team.
- 1.3.7** Action Point Seven – it was noted that references to extended access and enhanced access had been corrected in the performance report..
- 1.3.8** Action Point Eight – it was noted that the Liverpool Special Educational Needs & Disability ('SEND') Inspection Action Plan had been discussed at the may 2019 Quality Safety & Outcomes Committee and was on the agenda for the May 2019 Governing Body meeting today.
- 1.3.9** Action Point Nine – it was noted that C036 risk on Urgent & Emergency Care residual risk score of 16 being higher than inherent risk of 12 had been resolved.
- 1.3.10** It was noted that the movement from the Risk Register to the Issues Log was now recorded.
- 1.3.11** The Deputy Chief Nurse fed back that with regards to Multit-Agency Safeguarding Arrangement for Children she had fed back the concerns of the Governing Body and that the role of the Independent Scrutineer for Liverpool was to be formalised in September 2019.

PART 2: UPDATES

2.1 Chief Officer's Report – Report No: GB 22-19

The Chief Officer presented her report to the Governing Body which everyone had had a chance to read before the meeting. The Governing Body had no questions or comments to make.

The NHS Liverpool CCG Governing Body

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

2.2 Chief Nurse's Report – Report No: GB 23-19

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

- There was positive progress around developing an 'end to end' Continuing Healthcare service. The current service provision was fragmented with two separate organisations involved in providing assessments. Mersey Care Community Services had worked collaboratively with Midlands and Lancashire Commissioning Support Unit which was to result in the development of the new model. A more formal report would come to a future Governing Body meeting.
- The SEND Action Plan was already on the agenda for the Governing Body.
- Radiopharmacy supply issues at the Royal Liverpool Hospital, stemming from a review by Medicines and Healthcare Products Regulatory Agency of the laboratory and associated reduced supply – this impacted across Cheshire & Merseyside and the CCG was facilitating a stakeholder meeting. The Chief Executive of Healthwatch Liverpool stated that they had been in touch with patients on this issue. The Deputy Chief Nurse stated that Healthwatch were welcome to attend the fortnightly stakeholder meeting.

The Liverpool CCG Governing Body:

- **Noted the contents of the report**

2.3 Public Health Update – Report No: GB 24-19

The Director of Public Health had sent apologies to the meeting but her report had been circulated and was noted.

The Clinical Vice Chair highlighted the success of the Liverpool Active City Strategy 2014-21 and the positive results.

The Healthwatch Chief Executive referred to infant mortality and the need to include families in the feedback.

The Chair highlighted the British Medical Journal Awards and their high commendation of the “Save Kids from Sugar” public health campaign, also the shortlisting of the “Save Kids from Sugar” Campaign and the Healthy Homes Programme for Municipal Journal Awards

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 March 2019 – Month 12 18/19 – Report No: GB 25-19

The Chief Finance & Contracting Officer presented the CCG’s financial performance for the month of May 2019 (Month 12) noting that subject to External Audit the CCG had delivered its required year end breakeven position.

The main points of the report were included on the executive summary on big page 58 with further information on the relevant sections on pages 59-62 given the information already received in the annual report / accounts on today’s agenda.

With regards to overall financial position at the end of march, the CCG delivered its required control total position against a total revenue resource limit of £891.4m

Indicators of financial performance are shown on big page 59, with all performance rated as ‘Green’, with the CCG fully compliant with NHS England Business Rules and measures relating to the Internal Assurance Framework rating

Further detailed information is included on pages on 60-61 with further explanation of key variances from planned levels of expenditure

An important aspect in the achievement of the financial position has been the delivery of Cash Releasing Efficiency Savings (CRES) as described on page 62. The CCG delivered £9.6m of savings compared to its original plan of £8.8m for the year, which enabled delivery of its break even position.

On this basis the Governing Body were asked to note the financial performance information relating to the 2018/19 financial year.

The Liverpool CCG Governing Body:

- **Noted the outturn breakeven financial position for the year, subject to External Audit Review.**

3.2 CCG Corporate Performance Report May 2019 – Report No: GB 26-19

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 February to March 2019.

He highlighted by exception:

- Good performance against a number of key NHS Constitutional measures; particularly key cancer waiting times such as ‘one month to definitive treatment’ and the three ‘31 days’ cancer access targets for surgery, drug treatment and radiotherapy;
- Real positive to be taken in achieving (Increasing Access to Psychological Therapies (‘IAPT’) recovery standard for first time since the standard was introduced. The challenge now was to sustain it.
- Referral to Treatment (RTT) – as expected, there is no ‘quick fix’ for RTT performance and the latest CCG position is still ‘red’ (as described in the CCG Issues Log in addition to the Performance Report.) Performance Report from July 2019 onwards will also detail provider performance against the agreed 2019/20

improvement trajectories as well as mapping against constitutional standards.

- Diagnostics – although the Royal Liverpool’s overall performance has improved it is still struggling with endoscopy waits – likely that we won’t be able to assess the impact the change in provider has had until next reporting period (July 2019). Similarly, Liverpool Heart & Chest’s diagnostic performance isn’t expected to dramatically change until the CT and MRI scanners are fully operational in May / July 2019 respectively. Again, improvement trajectories have been set with the providers which will be reported to the Governing Body in future iterations of the CPR.
- Healthcare Associated Infections – one case of MRSA in this reporting period but none at Liverpool provider catchment level. C.diff is a real positive in terms of comparison to last year and in achieving trajectory set. E-coli –cases have exceeded the set ‘annual plan’ by almost 100 cases.
- Care Quality Commission Reports – 2 reports published since last update in March. Clatterbridge Cancer Centre received an overall rating of ‘Good’ and a rating of ‘outstanding’ for care. Aintree Park Group Practice, which was a re-inspection and resulted in overall ‘Good’ rating. The Chair declared an interest in this item as this was her practice.

The Governing Body commented as follows:

- The Lay Member for Governance/non Clinical Vice Chair asked what monitoring was carried out on providers to give an ‘early warning’ of poor performance and was it possible for a trust to be hitting targets overall but be on a ‘downwards trend’? At what point would the CCG address it with the provider? The Director of Planning Performance & Delivery responded that this was in hand, we were looking to sign off on a formal process of triggers for contract performance notices. A decrease/downward trend in performance would be flagged but any drop against standards would lead to a formal process.
- The Registered Nurse referred to e-Coli and the growing trend of incidents; whilst accepting this was a national issue she wanted to know what was being done locally to reduce reported

cases. The Deputy Chief Nurse responded that although we had the national reduction targets we were struggling with how to target specific cohorts of patients. Most cases were in the community so Public Health Analyses suggested these were patients not already engaged with health services. This was therefore for Public Health to manage alongside targeted interventions such as prescribing and antimicrobial resistance.

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 (a) NHS Liverpool CCG Operational Plan 2019/20 – Report No: GB 27a-19

The Director of Planning Performance & Delivery presented the CCG Operational Plan for 2019/20 to the Governing Body. Much of the content was around joint projects with Liverpool City Council and Liverpool CCG so although this was the CCG plan it had been shaped by partners across our system. He highlighted:

- Page four of the plan contained a table of new investment in projects, this was a good news story with £7.8m of new projects aligned to the three aims of the One Liverpool Strategy.
- With regards to quality and safety the CCG was developing its Quality Strategy and would continue to ensure compliance with statutory safeguarding responsibilities and deliver against the Special Educational Needs and Disabilities improvement plan in response to the Written Statement of Action.
- The CCG had submitted trajectories to NHS England for 2019/20 against the key national standards of Referral to Treatment, waiting list management, diagnostic waits and

cancer waits (2 weeks and 62 days) which were currently being signed off.

- It was highlighted whilst the operational plan contained a lot of projects it didn't include the entirety of CCG business. For example the CCG still had a role in contract management, responding to regulator requests and helping manage the ongoing systems pressure and challenges.
- The Operational Plan was being monitored on weekly basis looking at milestones and direction – currently everything was on track so the Governing Body were being asked to note and approve the Plan.

The Governing Body commented as follows:

- The Healthwatch Chief Executive reflected that the areas of new investment reflected areas where the public had raised issues.
- The Chair thanked the Director of Planning Performance & Delivery and his team for all their hard work. It was agreed that the Plan should come back to the Governing Body on a quarterly basis for review. The Chief Officer asked for anything exceptional to be brought back to the Governing Body at the next meeting (or each meeting) with the routine presentation being on a quarterly basis. She also felt that it would good to celebrate successes.

The Liverpool CCG Governing Body:

- **Noted the contents of the plan**
- **Approved the operational plan for 2019/20**
- **Requested that updates be brought back on a quarterly basis (exceptional to each meeting)**

(b) Provider Fee Rates 2019/20 – Report No: GB 27b-19

The Chief Finance & Contracting Officer presented a paper to seek approval to implement proposed fee rate increases for the 2019/20 financial year in respect of commissioning expenditure.

Liverpool CCG worked in partnership with Liverpool City Council (LCC) with regards to setting of fee rates and respective levels of inflation each year to ensure that there was a consistent approach for commissioners across the health and social care system.

Following a period of market engagement and provider consultation by LCC, its Cabinet approved an uplift to its provider fee rates for 2019-20 on the 22nd March 2019. The details of which were included on page 172

This paper outlined the cost implications of the 2019-20 provider price uplift for the CCG on pages 173-174 with comparisons to original planning assumptions used in the CCG financial plan and formed part of the CCG's operational plan assumptions for 2019/20 financial year.

On this basis, the Governing Body was asked to approve the fee rates as described with respect to the payments made in the 2019/20 financial year and to note the arrangements for back dated fees.

MB informed the Governing body that it was the CCG's intention to bring this approval process forward (e.g ahead of the financial year) to help support the planning process for both commissioners and healthcare providers, and that the CCG was working with colleagues at Liverpool City Council to establish a timeline for this piece of work.

The Liverpool CCG Governing Body:

- **Approved the fee rates and respective uplifts as described with respect to the payments made in the 2019/20 financial year.**
- **Noted the arrangements for 2019-20 back dated fees funded by Liverpool City Council.**

4.2 Special Educational Needs & Disability ('SEND') Written Statement of Action – Progress Report – Report No: GB 28-19

The Deputy Chief Nurse presented a progress report to the Governing Body against the Special Educational Needs & Disability ('SEND') Written Statement of Action dated 26th February 2019.

There were three priority areas for the CCG:

- Pace and consistency of leadership.
- Quality and timeliness of Education Health & Care Plans ('EHCPs').
- Develop and demonstrate joint commissioning arrangements.

The paper provided the requested further assurance to the Governing Body. It was positive to see the SEND requirements featured within the CCG Operational Plan, there was strong collaboration with colleagues within Liverpool Council. This was an important area for action as failure to deliver on the improvements would have detrimental impact on children and families.

The Lay Member for Audit asked about the role of the Safeguarding Board. The Deputy Chief Nurse responded that this issue was to be a standing agenda item on the Multi-Agency Safeguarding Board agenda going forward.

The Chair requested that a progress report be brought back to each Governing body meeting. The Chief Officer noted that the Written Statement of Action needed to be submitted in June 2019 so it should come back to the next governing body in July, after that a progress report should be brought back each meeting.

The Liverpool CCG Governing Body:

- **Noted the contents of the report**
- **Noted the progress made.**
- **Requested that the Action Plan come back to the July 2019 Governing Body prior to submission with updates after that to each meeting.**

PART 5: GOVERNANCE

5.1 Risk Management

(a) Governing Body Assurance Framework – Report No: GB 29a-19

The Senior Operations & Governance Manager presented the Governing Body Assurance Framework for 2018/19 which highlighted the key mitigations against to the delivery of the CCG's strategic objectives for the financial year. The Governing Body were being asked to agree that the key controls and mitigations in place were adequate, that they were satisfied with the assurances in place and agree the closedown of the Framework for 2018/19. He highlighted:

- Further work was required to define the CCG's risk appetite and how this is set across the CCG's new committee structures and decision making arrangements.
- Although the delays to the major pieces of work which ideally would have been completed by year end (i.e. the management restructure, transforming into a 'strategic commissioner' and restructuring of our governance) have had an impact on the 'closing off' of the 2018/19 GBAF, there is sufficient 'reassurance' that most will be implemented by the end of Q1 2019/20.

The Governing Body commented as follows:

- The Registered Nurse asked if there was a risk Management Strategy for the organisation linking the GBAF to the Risk Register to the committee risk registers to provide an overview of their interface. The Chief Operating Officer responded that there was. The Chief Officer noted that we needed to ensure a strategic risk vision in the new committee structure.
- The Chair commented that there needed to be a discussion at the next Governing Body Development session in June around strategic risk.

The Liverpool CCG Governing Body:

- **Agreed that the 2018/19 framework has aligned 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;**
- **Were confident that the controls, evidence of mitigation plans and actions taken provide assurances against the specific risk;**
- **Agreed to the 'close down' of the GBAF for the financial year 2018/19.**

(b) Corporate Risk Register Update (May 2019) - Report No: GB 29b-19

The Senior Operations & Governance Manager presented the Corporate Risk Register to the Governing Body and highlighted a number of key updates:

- Risk C074 (failure of provider to deliver ambulance response programme response times), C058 (Delayed Transfers of Care 2018/19 25% reduction target), C063 (Transition of former Liverpool Community Health Services to Mersey Care Trust) and C078 (Delivery of 2018/19 Financial Plan) were recommended for removal. All removed risks will continue to be monitored at committee/directorate level and escalated again if necessary.
- Risk C080 - EU Exit Health Care Planning had been added due to the ongoing uncertainty relating to the terms of the UK's withdrawal agreement.
- Analysis of extreme (Red) Risks was contained in the paper.

The Governing Body commented as follows:

- The Lay Member for audit commented on Risk C056 (Lack of robust internal systems and processes to ensure engagement and consultation around service change) as the described a 'system wide approach' but all the mitigations provided were

around individual projects. The Director of Strategy Communications and Integration responded that the risk referred to the CCG and not the wider system and it was a statutory duty of the CCG to be responsible for service reconfiguration. She agreed to work on the wording of this particular risk.

- The Chief Operating Officer referred to CCG's urgent care review and how the whole system was being reviewed for future sustainability. The final workshop had been held on 15th May 2019 and a paper would be going to the Committee(s) in Common in June 2019. The Director of Planning Performance & Delivery observed that the projects in the Operational Plan such as Falls Services would reduce pressure on urgent care systems.

The Liverpool CCG Governing Body:

- **Noted the risks (CO74, CO58, CO63 and CO78) that have been recommended for removal from the 2018/19 Corporate Risk Register;**
- **Noted the new risk (CO80) that has been added to the redesigned 2019/20 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 reflect the level of risk that the CCG is exposed to given current controls and assurances.**

(c) Issues Log - Report No: GB 29c-19

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

- There were no new additions to the issues log.
- Adult ADHD – Cheshire & Wirral Partnership (CWP) have submitted a draft proposal to clear waiting list but the timescale for this is two years. The final costings or assumptions had not been made available as yet but this

will be priority for next GB meeting. Detailed specifications for new service model are still in development.

- Cancer waits 62 days and 2 weeks – all current actions within the Issues Log have been completed. The draft proposals for implementing a Referral Assessment Service for the Royal's urology department (2 week waits) was shared with all stakeholders and copied to Sam James in April 2019.
- Patients continue to breach 31 and 62-day urology waiting times but February & March 2019 data has shown significant improvements at the 'front end' with the majority of those patients seen within 2 weeks.

The Director of Planning Performance & Delivery noted that the providers had trajectories against national standards and would not be compliant until quarter 4.

The Chair was concerned around the timescale for dealing with the Adult ADHD backlog as the waiting list was itself two years' long and the plan was a two-year plan. The Chief Officer acknowledged that we had been too reliant on one single provider and that the CCG needed to develop alternatives. The Chair requested a detailed report to come back to the next Governing Body meeting. The Clinical Vice Chair felt that a new model was required moving the service away from specialists to more support in the community/Primary Care. The Deputy Chief Nurse felt that this linked closely with the Special Educational Needs and Disability Action Plan.

The Liverpool CCG Governing Body:

- **Noted the entries in the CCG Issues Log as at 15th May 2019;**
- **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 reflects the level of criticality in relation to recovery..**

5.2 (a) Update to the 2018/19 Audit Risk and Scrutiny Committee Annual Report to the Governing Body – Report No: GB 30a-19

The Lay Member for Audit presented an update of the Audit, Risk & Scrutiny Committee Annual Report to the Governing body. An earlier version had been presented to the March 2019 Governing Body.

The Audit Risk & Scrutiny Committee on 21st May 2019 reviewed the final draft CCG Annual Report and Accounts for 2018/19 and the letter of representation to be signed by the Accountable Officer. The committee reviewed questions about the Annual Report and Accounts suggested as best practice by the Health Care Management Association and an analytical review comparing current and prior year figures. Grant Thornton the External Auditors presented their Audit Findings Report to the Audit Risk & Scrutiny Committee.

The Liverpool CCG Governing Body:

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

(b) Adoption of Annual Report and Accounts – Report No: GB 30b-19

- i. Audit Findings Report
- ii. Letter of Representation
- iii. Year End Accounts – HFMA suggested questions for Governing Body and management responses
- iv. Annual Report
- v. Financial Statement & Accounts

The Chief Finance & Contracting Officer presented the Annual Report and Accounts of Liverpool CCG for the financial year 2018/19 which the CCG was required to submit by noon on Tuesday 28th May 2019.

The Chief Finance & Contracting Officer noted that the Annual Report and Accounts had been prepared according to national standards which were prescribed for us and had been subject to external audit review. Unfortunately due to unforeseen circumstances External Audit were unable to be present at today's governing body meeting

so the main elements of the audit findings report were presented by the Chief Finance & Contracting Officer.

(i) Audit Findings Report:

- MB introduced the headlines from the report as described on page 3-4
 - Financial statements – audit work had been completed on site during April and May 2019 and at the time of the report there were no matters of which the auditors deemed would require modification of the current view of an ‘unmodified’ audit opinion and that the financial statements give a true and fair view of the financial position of the CCG
 - Value For Money – appropriate arrangements were in place and therefore there was nothing to report by exception.
 - Materiality had been set at £18m for the financial statements, performance materiality was £13m and £0.3m for trivial matters.
- MB highlighted the two main points as identified in the findings report:
 - Page 8 - Regarding ‘justification and estimates’ in relation to accruals for partially completed spells activity being different between the CCG and the Royal Liverpool Hospital – the auditors had noted this and that the matter had been considered by the CCG and discussed at the Audit committee earlier in the week. It was recognised by the auditors that this ‘difference’ was well below the materiality levels and was therefore recognised as an ‘unadjusted misstatement’.
 - Page 9 - Journals – the review process had identified a potential deficiency in the control environment with senior management (e.g. the Chief Finance & Contracting Officer and the Head of Financial Management) being able to both post and authorise journals – Auditors had received the CCG’s management response and it was noted that the internal audit report had given a ‘high’ level of assurance regarding controls and mitigations in this area given the constraints of the national ledger system.

- (ii) MB introduced the proposed 'Letter of Representation' to be signed by the Chair & Chief Officer on behalf of the governing body following today's meeting. It was recognised that this was a standard approach and included reference to the unadjusted misstatement as described in the audit findings report.
- (iii) MB introduced supporting information produced for the Audit committee earlier in the week based on the suggested Healthcare Financial Management Association ('HFMA') questions for Governing Body'. The report provided further information regarding the commentary of prime financial statements and variance analysis between the last two financial years.
- (iv) MB introduced the final draft of the CCG Annual Report for the 2018/19 financial year noting that there were a few final minor changes to be made to the numbers, and that certain elements such as the Remuneration report had been subject to audit by Grant Thornton as part of the established process.

MB thanked all the CCG team that had been involved in the production of this year's Annual account and report.

- (v) The minor changes to be made before final submission were as follows
 - i. page 84 Head of Internal Audit Opinion, the wrong QIPP delivery figure had been included – it should be £9.75m for 2018/19 not £13.8m which was the 2019/20 figure.
 - ii. Page 131 9.1.1 payments recognised as an expense, the prior year comparator was wrong and should be £1,702k not £1,681k.
 - iii. Page 134 section 12 Trade and Other Payables, figures had been transposed and £1,041k for 2017/18 should be £1,104k.

The Governing Body commented as follows:

- The Secondary Care Clinician observed that the document was not in an easily understandable format for presentation to the public at the Annual General Meeting. The Chief Finance & Contracting Officer responded that it had been prepared in line with the Group Accounting Manual as mandated and it was

recognised that this was a challenge. CH added that the CCG were looking to develop a version that extracted the key aspects that would be more suitable for public facing requirements

- The Lay Member for Governance informed the Governing Body that the Audit Risk & Scrutiny Committee were happy with the findings of the Audit Report and that there had been a detailed discussion on the issues raised around the Journal Posting and the partially completed spells accrual. The audit committee were in agreement with approach taken and acknowledged as an unadjusted item but asked that the CCG consider its approach in 19/20 year.
- The Chair queried the reference to Counter Fraud on page and the two minor frauds (less than £1k each). The Chief Finance & Contracting Officer responded that these relating to fraudulent prescribing claims and investigations were ongoing in both cases, he stressed that these did not relate to CCG staff.

The Chief Officer took the opportunity to thank all those who had been involved in producing the Annual Report and Accounts.

The Liverpool CCG Governing Body:

- **Noted the management responses to the questions posed prior to the formal approval of the financial statements**
- **Approved the final Annual Report & Accounts 2018/19**
- **Approved for the Accountable Officer and Chair to sign off the associated documents and submission to NHS England.**

5.3 Quality Impact Assessment Policy – Report No: GB 31-19

The Deputy Chief Nurse presented the revised and updated Quality Impact Assessment Policy for review and approval.

The Governing Body commented as follows:

- The Clinical Vice Chair referred to those assessments scoring 8 and above needing to go to the Quality Safety & Outcomes Committee for review and asked what the process was. The Deputy Chief Nurse responded that the bar needed

to be set somewhere and the score of 8 and above had been chosen as risk rising from moderate to high at that score.

- The Lay Member for Governance/Non Clinical Vice Chair asked about issues where the likelihood was low but the impact was so catastrophic that it warranted escalation. The Deputy Chief Nurse suggested that the CCG would not pursue such schemes but agreed to take this back as it was probably not explicit in the Policy.
- The Deputy Chief Nurse agreed to bring a six month audit of the Policy and issues that required escalation back to the Governing Body. She noted that how to manage escalation was a work-in-progress and there were gaps to address. She was in discussion with the Director of Planning, Performance & Delivery on this matter.
- In response to a query from the Lay Member for Governance/Non Clinical Vice Chair on the governance around the review process, the Deputy Chief Nurse responded that there would be a separate folder for reviews and log of where they had been escalated to.

The Liverpool CCG Governing Body:

- **Approved the policy for implementation across the CCG including, publication on the CCG intranet as recommended by the Quality Safety & Outcomes Committee on 2nd March 2019.**
- **Looked forward to receiving a six month review.**

5.4 MP Enquiries, FOIs, subject Access Requests and Complaints Annual Report 2018/19 – Report No: GB 32-19

The Chief Operating Officer presented a paper to the Governing Body to bring its attention to the breadth, scale and response to complaints, subject access requests, Freedom of Information Act requests and MP Enquiries and which was the Annual Report for 2018/19. He highlighted:

- There had been an increase in the number of MP enquiries but a decrease in Parliamentary Hub enquiries for which there was

often only a few hours' notice. There had been an increase in Subject Access Requests, a decrease in Freedom of Information Requests by number but an increase in the number of questions asked.

- There had been an increase in complaints by 40% on the previous year which reflected the confidence in the public in coming to the CCG as the commissioner, rather than an increase in the number of complaints per se.
- The paper contained a detailed list of the lessons learnt examples and positive action from our providers to change processes following complaints.
- Three Parliamentary and Health Service Ombudsman Referrals had been received relating to Previous Unassessed Periods of Care for Continuing Healthcare Funding. Two of these were reviewed by the Ombudsman and no further action taken and one remained open and had yet to be determined.
- PALs/General Enquiries – there had been a decrease in the numbers from the previous year.

The Governing Body commented as follows:

- The Secondary Care Clinician referred to the increase in numbers of complaints and the numbers upheld/partially upheld had gone from 10 to 24, this led him to believe that the system was not learning from its mistakes. The Chief Operating Officer felt that this was a fair challenge, the highest number of complaints was around challenges to Previously Unassessed Periods of Care for Continuing Healthcare.
- The Lay Member for Audit referred to Freedom of Information requests and the increase in complexity and wondered if this was due to difficulty in navigating through the various appropriate documents on the website. The Chief Operating Officer replied that where possible enquiries were referred to published content on the CCG website.
- The Deputy Chief Nurse commented that the CCG's Complaints Team did an excellent job under difficult circumstances. The Chief Officer agreed and expressed her thanks to the Chief Operating Officer and his Team.

The Liverpool CCG Governing Body:

- **Acknowledged the CCG's internal and multi-agency work to ensure compliance with Freedom of Information Act, Data Protection Act, Health and Social Care Act and NHS Complaints Regulations.**
- **Received and note the contents of this annual report**

5.5 Emergency Preparedness Resilience & Response ('EPRR') Annual Report 2018/19 – Report No: GB 33-19

The Chief Operating Officer presented an overview to the Governing Body with regards to EPRR activities undertaken by Liverpool CCG during 2018/19. There were multiple forums in the city working to this end in the city with which the CCG was involved. He highlighted:

- Safety Advisory Group ('SAG') and Non-Licensable Safety Advisory Group ('NLSAG') which delivered to the public a safely planned and organised event in the city of which there were many. The Corporate Services Manager or deputy represented Liverpool CCG at these meetings. Other CCGs did not have to deal with this level of activity.
- Quarterly EPRR Leads meeting.
- EU Exit Planning was a 'new' pressure upon the team in 2018.
- Provider EPRR Assurance was mostly substantial (Alder Hey, Liverpool Women's Hospital and Royal Liverpool & Broadgreen University Hospital). For Aintree and Liverpool Heart & Chest Hospital this was "Full".

The Governing Body commented as follows:

- The Lay Member for Audit referred to the Manchester Arena bombing and the learning which had come out of that. The Chief Operating Officer responded that there had been a number of Merseyside emergency organisations involved and the learning had been shared and taken on board, particularly around the dispersal plan for injuries. Merseyside Fire & Rescue had also

been involved in providing assistance at the Manchester Arena bombing as a regional specialist resource.

The Liverpool CCG Governing Body:

- **Acknowledged the CCG's internal and multi-agency work to ensure compliance with The Civil Contingencies Act and NHS England requirements and**
- **Noted the substantial assurance rating for the CCG from NHSE.**

5.6 Feedback from Formal Committees – Report No: GB 34-19

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:

- HR Committee – 19th March 2019
- Primary Care Commissioning Committee – 19th March 2019
- Finance Procurement & Contracting Committee - 26th March & 23rd April 2019
- Quality Safety & Outcomes Committee – 2nd April and 7th May 2019
- Committees In Common – 12th April 2019
- Audit Risk & Scrutiny Committee – 18th April 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

The Chair noted that several written questions had been received in advance of the meeting, responses prepared and distributed to the public in attendance that day. The Chair then invited questions from the floor on today's agenda:

- 6.1** Teresa Williamson from Keep Our NHS Public referred to the appalling treatment shown on the Panorama Programme. She called for compassion for these patients. The Deputy Chief Nurse noted that Liverpool did have Out of Area patients and as mentioned at the last Governing Body was endeavouring to bring them back into area and shared the horror felt on seeing how some of these patients in the North East had been treated. The Chief Officer agreed that we needed to ensure that this did not happen to our patients.
- 6.2** Marie Harrison from Merseyside Pensioners Association referred to a written answer distributed at the meeting to questions submitted in advance of the meeting by Merseyside Pensioners Association where the question had been asked about what was happening with Liverpool Women's Hospital. She was pleased to note that the response referred to four options whereas previously only the preferred option had been referred to. She asked the CCG to reconsider demolishing the current Liverpool Women's Hospital building, the clinical case for change had in fact been challenged several times and women with complex needs were being well looked after currently. She also referred to the substantial investment in the new neonatal unit which made it ridiculous to consider demolishing the building. The Chief Officer responded the matter of Liverpool Women's Hospital had indeed dragged on for far too long. The clinical staff did still have concerns around the ability to deliver care in the right way which was not necessarily in that particular building, delivery of services required modern estate with the appropriate facilities so that patients were not required to travel further afield. The CCG was constantly reviewing the case for change to keep up to date with advances in technology but there was still a case to be made for relocating services from where they were currently delivered.
- 6.3** A gentleman was concerned about services transferring slowly to Royal Liverpool Hospital so that Liverpool Women's Hospital would be unable to cope. He felt sure that property developers would be very interested in the Liverpool Women's Hospital site.
- 6.4** A Gentleman referred to the Urgent Care Review and that the Committee(s) In Common had stated that major service reconfiguration required consultation, also NHS Guidance stated that plans had to be compatible with the Sustainability & Transformation Partnership ('STP') plans and he wanted to know

what they were as he could not find reference to these. The Chief Officer responded that the STP plan was indeed high level and there was a Cheshire and Merseyside Urgent Care Network that ensured national standards for urgent care were met. However we were working collaboratively across the four CCGs as we were all struggling with demand for and access to urgent care and were therefore engaging with the public to see what they experienced of local urgent care services. We were not in a position to know what changes were required that might constitute major service change and therefore subject to full public consultation.

- 6.5** The same gentleman had also submitted a question about Criteria Based Clinical Treatments and was the CCG considering full public consultation and if not, why? The guidance documentation used had been from the Midlands and Lancashire Commissioning Support Unit. The Chief Officer responded that we would look at our documentation and consider which policy we could work under, any change in policy would be decided on by the Governing Body, any resulting major service change would be consulted on.
- 6.6** The same gentleman referred to Liverpool Women's Hospital in the light of the Operational Plan and optimal use of shared estate. The Chief Officer responded that the CCG's responsibility was to deliver better value and there was a range of estate, some in better condition than others, and we could not look at Liverpool Women's Hospital in isolation. If the Care quality Commission felt that some buildings were not fit for purpose we needed to look at what to do with them and where to move services to. We continuously worked with providers to look at what they required and if they needed to re-locate or change services and where they were provided from. The gentleman asked if the decision on Liverpool Women's Hospital had been taken to move it elsewhere? The Chief Officer replied that this was not the case, as he was aware a number of options were identified but as yet, no capital was available so we are unable to consult.
- 6.7** Marie Harrison of Merseyside Pensioners Association felt that there should have been greater public consultation/engagement around the Royal Liverpool Hospital and Aintree Hospital merger. It was heartening to see the proposals for public engagement coming from the CCG and felt this was an opportunity to democratise the decision making process. Consultation should

be a proper exchange of ideas and Liverpool CCG had the opportunity to set a precedent as the most democratic for consultation and engagement. The Chief Officer responded she was very much in favour of more engagement and consultation with the public. As far as the Royal/Aintree merger was concerned it was the reconfiguration of a hospital trust and therefore did not require consultation as it was a management decision. The Trust did not have to ask the CCG's permission. If as a consequence of the merger there were major service changes then we had a statutory duty to engagement and consult with the public in respect of these changes

6.8 A gentleman highlighted the difficulty of those without computer access, usually the elderly, in making GP appointments now that it was becoming more difficult to make telephone appointments. It was also difficult to see the same GP each appointment. The Chair agreed that this was a national issue and she shared the same concerns around the risk of greater inequalities. She suggested that these issues should be raised at the individual's GP practice patient forum or they should contact the practice in person.

6.9 A gentleman referred to the statement made that the decision of the Royal Liverpool Hospital and Aintree Hospital to merge was a management decision and not for the CCG to approve and felt that the CCG should insist on being required to approve the merge. The Chair responded that the CCG was constrained by the constitutional regulations but we would ensure that patient services were maintained at the highest possible levels during the merger.

7. DATE AND TIME OF NEXT MEETING

Tuesday 9th July 2019, 3.15pm after the AGM