

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNNG BODY**
**Minutes of meeting held on TUESDAY 10TH SEPTEMBER 2019 at
2.30PM**
**BOARDROOM, LIVERPOOL CCG, 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	Non Executive Nurse/Lay Member
Dr Maurice Smith	GP Director
Dr Janet Bliss	GP/Clinical Vice Chair
Sally Houghton	Lay Member for Audit
Dr Paula Finnerty	GP Director
Dr Stephen Sutcliffe	GP Director
Dr Fiona Ogden-Forde	GP Director
Jane Lunt	Director of Quality, Outcomes & Improvement/Chief Nurse

NON VOTING MEMBERS:

Sandra Davies	Director of Public Health (arriving late)
Dr Rob Barnett	Secretary of Local Medical Committee

IN ATTENDANCE

Ian Davies	Chief Operating Officer
Carole Hill	Director of Strategy, Communications & Integration
Kerry Lloyd	Deputy Director of Quality, Outcomes & Improvement
Samson James	Director of Planning, Performance & Delivery
Stephen Hendry	Head of Corporate Services & Governance
Sarah Thwaites	Chief Executive Healthwatch Liverpool

Susan Rogers

Assistant Director Adult Services
Strategic Integration, Adult Social Care
and Health, Liverpool City Council
(representing Martin Farran)
Committee Secretary

Paula Jones

Apologies

Dr Monica Khuraijam
Paul Brant

GP Director
Cabinet Member for Health & Adult
Social Care, Liverpool City Council
Director of Adult Services & Health,
Liverpool City Council
Head of Contracts, Performance &
Business Intelligence

Martin Farran

Derek Rothwell

Public: 6

PART 1: INTRODUCTIONS & APOLOGIES

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

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 9th July 2019 were agreed as an accurate record of the discussions which had taken place subject to the following amendments:

- Page 7 item 2.2 Chief Nurse's Report second bullet regarding Royal Liverpool Hospital Quality – reference to be to the Trust submitting appropriate papers on time.
- Page 15 item 3.2 Performance Report – second bullet typographical error to be corrected “issues” not “tissues”.

- Page 25 item 5.1(a) New Model Constitution – reference Members’ Rights not including Clinical Advisors to be removed as Clinical Advisors were employees of the CCG.

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

- 1.3.1** Action Point One - It was noted that the Urgent Care Review would be included in a future Chief Officer’s Report to the Governing Body.
- 1.3.2** Action Point Two - It was noted that the Public Health Update contained more detail on prevention.
- 1.3.3** Action Point Three - Dr Maurice Smith confirmed that he had met with the Director of Planning, Performance and Delivery and Director of Public Health outside of the meeting to discuss prevention and that more detail was to be included in the Performance Report, although he was not sure if that information was there for the September 2019 report. The Director of Planning, Performance & Delivery added that the governance was still being worked through of whether this sat in the Public Health Report or the Performance Report.
- 1.3.4** Action Point Four - It was noted that the action of. Primary Care Networks to be discussed at a future Governing Body Development session could be closed down.
- 1.3.5** Action Point Five - It was noted that the issue of deteriorating diagnostic Performance at Liverpool Heart & Chest Hospital had been discussed outside of the Governing Body meeting by the Director of Planning, Performance and Delivery and the Head of Corporate Services and Governance.
- 1.3.6** Action Point Six - It was noted that. Blackpool CCG had been contacted for assurance regarding NWAS and the Local Medical Committee Secretary updated.
- 1.3.7** Action Point Seven – it was noted that the Head of Corporate Services & Governance had raised queries around mandated breaks for Paramedics with NWAS and responded to the GP Director who had raised the issue.

- 1.3.8** Action Point Eight. – it was noted that the Head of Corporate Services & Governance had discussed the discrepancies between fractional and percentage information/data in the Performance Report with the GP Director who raised the issue.
- 1.3.9** Action Point Nine – the Chief Officer updated that the Constitutional Change Working Group had met the previous Friday and the amended Constitution would be circulated to Governing Body members for virtual approval.
- 1.3.10** Action Point Ten – it was noted that the Governing Body Assurance Framework was on the agenda for the November 2019 and would include Primary Care Networks.
- 1.3.11** .Action Point Eleven – it was noted that the Director of Planning, Performance and Delivery and the Head of Corporate Services and Governance were working together on how to report system capacity risk.
- 1.3.12** Action Point Twelve – it was noted that the risk of sustainability of services at Liverpool Women’s Hospital had been added to the Corporate Risk Register.
- 1.3.13** Action Point Thirteen – it was noted that the area of ethnicity/equality of representation on the Governing Body would be on the agenda for the Governing Body Development Session in October 2019.
- 1.3.14** Action Point Fourteen – it was noted that a written response had been sent to Mr Dropkin to his question submitted to the July 2019 Governing Body meeting.
- 1.3.15** Action Point Fifteen – the Chair was to check with Dr Monica Khuraijam to see if she had been able to get back to Lesley Mahmood regarding the rationale behind the decision making regarding Criteria Based Treatments and the use of private units.

PART 2: UPDATES

2.1 Chief Officer's Report – Report No: GB 45-19

The Chief Officer presented the report to the Governing Body.

Everyone had been able to read the report in advance of the meeting, she highlighted:

- An Executive to Executive meeting had taken place with the Royal Liverpool Hospital and progress was being made on performance.
- With regard to constitutional changes it was proposed and agreed by the Governing Body that the amended constitution would be circulated to Governing Body members for virtual agreement after the Working Group had gone through the changes in detail, prior to it going out to the Membership for approval and once approved by the membership to NHS England for agreement. This would save time to implementation.

The Governing Body commented as follows:

- A GP Director referred to section 4.2 Organisation Restructure and asked if the other CCGs' struggle to recruit senior leadership was managerial or clinical or both. The Chief Officer confirmed that it was both.
- A GP Director referred to the Executive to Executive meeting with the Royal Liverpool Hospital and asked how performance would be managed after the Royal and Aintree merged. The Chief Officer responded that the relationship with interim leadership Team at the Royal was very positive and with the newly appointed Chief Executive of the merged trust. Aintree had been under Enhanced Surveillance and then subsequently worked through its performance concerns. The new Chief Executive was appointing to board level posts. The GP Director continued by asking if the performance report at the next Governing Body would be based on merged data? The Head of Corporate Services and Governance replied that the data was slightly behind the date of meetings so it would be individual data, the first Governing Body meeting to look at

merged data would be January 2019. The Director of Planning, Performance and Delivery added that the CCG had asked NHS Improvement for clarification on which trajectories would be used, either the constitutional ones or the NHS Improvement ones.

- The Non Executive Nurse/Lay Member referred to commissioning for adult mental health, it was very positive that Mersey Care had been successful in their bids for monies but at the Quality Safety & Outcomes Committee the treatment of those with mental health issues in the urgent care system had been raised. The Chief Officer responded that we needed to have better community services to stop issues reaching a crisis point in the urgent care system. A GP Director referred to issues Mersey Care had in recruiting psychiatrists due to restrictions set nationally on their maximum caseload and the subsequent use of locums to meet demand.
- The Lay Member for Governance/Non Clinical Vice Chair referred to the successful funding achieved for Children and Young People's Mental Health and asked if it was for 12 months only, if so what happened after that. The Chief Officer responded that this funding was for identifying need and enabling earlier intervention.

The NHS Liverpool CCG Governing Body

➤ Noted the Chief Officer's Report.

2.2 Chief Nurse's Report – Report No: GB 46-19

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

- Royal Liverpool Hospital:
 - Radio-pharmacy – the picture was improving, no patient harm experienced but there was an impact on patient experience. This had been raised at the Executive to Executive meeting.

- Quality Risk Profile meeting took place on 28th August 2019 facilitated by NHS England and attended by the CCGs and regulators. An update would be brought back at a later date.
- Transforming Care Programme – as at the time of the “Deep Dive” on 24th July 2019 Liverpool had 16 people in hospital settings against a target of 10. Since then 6 had been discharged and the remaining 10 were those with more complex needs. They all had planned discharge dates although some were some way off and this was right for the individual.

The Governing Body commented as follows:

- A GP Director noted the wider position across the Sustainability & Transformation Partnership for Cheshire & Merseyside but wanted to know how this was translated to the Liverpool place setting.
- The Healthwatch Chief Executive noted the negative impact of old hospital environment at the Royal Liverpool Hospital on staff and patient experience.
- The Non Executive Nurse asked about the review of residential young mental health patients if we had an understanding of any level of harm. The Director of Quality, Outcomes & Improvement/Chief Nurse responded that probably not to the extent required, to get a comprehensive overview we needed to work together collaboratively across Cheshire & Merseyside.

The Liverpool CCG Governing Body:

- **Noted the contents of the report**

2.3 Public Health Update – Report No: GB 47-19

The Director of Public Health presented her report to the Governing Body and highlighted:

- Smoking prevalence rates were coming down including smoking at time of delivery.
- Drug related deaths and increased significantly in England and Wales, Liverpool figures had increased but were not statistically significant. Despite information which had been circulating, Liverpool had not cut its spending in this area which remained at £12.8m.
- Suicide/self-harm – Cheshire & Merseyside had obtained funding from the Department of Health for self-harm work and men's mental health.
- The Prevention Green Paper contained lots of measure for support and focus on prevention but which did not tackle health inequalities and nothing on an alcohol minimum unit or the importance of the first 1,001 days in a child's health and Adverse Childhood Events. Its pressure on the food industry re sugar and fat was not great and now that the sugar tax was being removed there would be an impact on childhood obesity.

The Governing Body commented as follows:

- The Local Medical Committee Secretary as the Governing Body not to lose sight of the Public Health England review into the use of certain types of medication prescribing and the need to understand the local situation and for the CCG to have a response. He also felt that not enough was being done in the area of Improving Access to Psychological Therapies and that there were insufficient pain clinics. All these issues at some point would need to be addressed by the CCG.
- A GP Director referred to childhood vaccinations and immunisations and the drop in take up rate in three year olds. Public Health England were supporting practices who needed to improve uptake. It was noted that Public Health England and NHS England would come out to practices who were having difficulties in this area, the Director of Public Health agreed to email out about exactly what that support entailed. The Chief Officer observed that Public Health England screening needed to work alongside the Health Visitors. The Local Medical Committee Secretary added that work was being commissioned locally to look at vaccination/immunisations for one to three

year olds and their parents to understand why offers of vaccination were not being taken up.

- The Lay Member for Audit commented that although smoking prevalence was down was it not just that smokers were transferring to e-cigarettes about which not much was yet know about any long term detrimental effects. The Director of Public Health responded that this was probably the case so we were looking at supporting people who were addicted to e-cigarettes as well as those addicted to tobacco.

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 July 2019 – Month 4 19/20 – Report No: GB 48-19

The Chief Finance & Contracting Officer presented the CCG's financial performance for the month of July (Month 4) in 19/20 financial year

With regards to overall financial position and whilst recognising the relatively early stage of the financial year in terms performance information, the CCG is forecasting delivery of its required control total break even position against a total revenue resource limit of £939.7m and subject to delivery of planned position the CCG would therefore be fully compliant with NHS England Business Rules and measures as assessed by the Improvement and Assessment Framework (IAF).

The majority of indicators of financial performance were rated as 'Green' except for two 'amber' ratings regarding Better Payment Practice Code in June and July, with further detailed information included within the reported regarding available resources, explanation of early variances from planned levels of expenditure and available reserves including the 0.5% contingency to offset any in-year operational risks

Performance against the Better Payment Practice Code remained an issue in month but it is anticipated that this would be recovered by the end of the year. This had been due to automatic 'invoice' reminders in the national ledger system being temporarily switched off and a lack of available cash in the monthly drawdown in the month of June. The Governing Body were asked to note trajectory for June/July 2019

An important aspect in the achievement of the financial position would again be the delivery of Cash Releasing Efficiency Savings ('CRES') with the CCG requiring £13.8m of savings to support delivery of its break even position and performance would be reported on a regular basis throughout the course of the financial year.

With regards to the operational position, in-year performance remained subject to pressures in the area of High Cost Drugs & Devices, national prescribing impact from 'Category M' changes and increases in expenditure relating to Continuing Healthcare/Joint Funded Packages of Care which were partly mitigated by the 0.5% contingency.

On this basis the Governing Body were asked to note the financial performance information relating to the 2019/20 financial year.

The Governing Body commented as follows:

- A GP Director asked for clarification on reference within the risks section relating to Acting As One & High Cost Drugs / Device risk. The Chief Finance & Contracting Officer explained that these were two separate elements of risk relating to trust contracts which were outside of the Acting As One arrangements (e.g. St Helens and Knowsley Trust) and exclusions from the Acting As One (e.g. High Cost Drugs & Devices). MB agreed to split these risks and mitigations as appropriate in future versions
- The Lay Member for Audit referred to the Running Cost overspend and the Chief Finance & Contracting Officer confirmed that this was an overspend against the internal 'CRES' target and that the full 20% target was not applicable until the next financial year. The CCG's financial plan in 19/20 assumes a target in the region of 2/3 of the £1.2m required saving for 20/21.

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 September 2019 – Report No: GB 49-19

The Head of Corporate Services & Governance 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 June to July 2019.

He highlighted by exception:

- The 52 week wait standard had been recovered which was now zero.
- The majority of Cancer Waiting Times indicators were still 'Green'.
- Performance was good around dementia diagnosis, diagnosis of Psychosis and Improving Access to Psychological Therapies ('IAPT') access and recovery.
- Diagnostics' performance was improving but had still not attained the standard. Liverpool Heart & Chest Hospital had an issue with the installation of MRI and CT scanners which had been delayed from the end of August 2019 to October 2019 due to estates issues at the Trust.
- Reported cases of C Difficile, MRSA and E-Coli were above planned levels for the period and year to date.
- Current IAPT performance is difficult to establish due to a data submission error reported by Mersey Care. As a result, the accuracy of national data could not be relied upon although local data was showing improvements for access and recovery targets. The Director of Planning, Performance & Delivery added that further discussions had taken place with the provider to better understand the data quality issues. The Chief Officer added that

Mersey Care were challenging the query on the national data as they felt it was correct.

- Diagnostics – a great deal had been done in the 1st quarter of the year to improve performance. Liverpool Heart & Chest Hospital's performance was a cause for concern but was expected to improve once the new MRI and CT scanners were in place. The Trust's performance would be picked up outside of the meeting with the Director of Planning, Performance and Delivery.

The Governing Body commented as follows:

- The Local Medical Committee Secretary asked about the sustainability of the Improving Access to Psychological Therapies targets. The Chief Officer felt that given the levels of deprivation in the city and its impact on mental health the current service was not delivering what the population needed.
- The Secondary Care Clinician asked what measures were in place to address performance against the cancer measure relating to the percentage of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service, with Liverpool Women's Hospital and Aintree both failing to achieve the target. The Head of Corporate Services & Governance provided further context for Liverpool Women's data, explaining that the zero % performance equated to '0.5 patients' breaching the standard (due to a breach sharing rule). The Director of Planning, Performance and Delivery added we needed to improve diagnostics to move to a 7 day availability.
- A GP Director asked if there were concerns from providers regarding the requirements around healthcare associated infections. The Director of Quality, Outcomes and Improvement/Chief Nurse responded that what was required nationally had changed and put providers in a less favourable position which had been referred back to NHS England. The GP Director felt that this should be highlighted in the report .
- The Healthwatch representative commented on Talk Liverpool's use of group sessions to meeting Improving Access to Psychological Therapies targets, explaining that feedback they had received from patients was that whilst many were satisfied

with group sessions, many would have preferred 1-2-1 sessions which was no longer the model. Healthwatch were concerned about what happened to people who felt unable to start or complete group sessions.

- The Director of Planning, Performance and Delivery commented that the challenge was not just meeting the IAPT targets but that the service had to be sustainable.
- A GP Director referred to A&E/Genitourinary medicine attendance at the Royal Liverpool Hospital and asked why the figures were included as 'Type 2' activity. The Director of Planning, Performance and Delivery responded that this was due to NHS England's definitions of 'Type 2' activity and the agreement between NHS England and the Royal Liverpool that it could be included in the Trust's 'all types' performance.
- The Local Medical Committee Secretary referred to the routine prescribing of 'Over The Counter Medicines' and the continuation of use of Walk-In Centres which impacted on this. He was also disappointed with the progress made for waiting times for urgent and routine referrals to the Children & Young People's Eating Disorder Services.
- A GP Director noted that GP referrals were below plan but 'other' referrals were above plan. Another GP Director queried if this was good news as the plans had envisaged additional capacity re: the Referral to Treatment target and was concerned there might be backlogs developing in the referral pathways. The Director of Planning, Performance and Delivery commented that the CCG was conscious of this, however the recovery of the Referral To Treatment target was about better distribution and patient flow.

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 Special Educational Needs & Disability ('SEND') Written Statement of Action ('WSOA') – Progress Report – Report No: GB 50-19

The Director of Quality, Outcomes & Improvement/Chief Nurse presented a paper to the Governing Body which gave a progress report against the Ofsted/Care Quality Commission ('CQC') Special Educational Needs & Disability ('SEND') Written Statement of Action which had been submitted by the CCG and Liverpool City Council and deemed "fit for purpose" on 28th August 2019 and was attached for approval. Terms of Reference for key groups had been drawn up and those for the SEND Strategic Partnership Board were appended to the paper. The Governing Body was asked to approve the Written Statement of Action and agree to delegate oversight to the Quality Safety & Outcomes Committee.

The Governing Body commented as follows:

- The Non Executive Nurse commented that the dashboard contained many reds which was no doubt due to this being a very early stage in the process. The Director of Quality, Outcomes & Improvement noted that this was the case, many indicators would take for the duration of the plan to achieve the final trajectory. It was felt that Ofsted and the CQC required openness and honesty from us and realistic targets/timescales set and the plan reflected this.
- The GP Member who was the Chair of the Alder Hey Clinical Quality & Performance Group noted that the Group would be taking oversight of the Alder Hey specific indicators and monitoring progress.
- The Lay Member for Audit commented that it was good to see realistic targets set and that it was also good to rethink and re-assess those targets if required.

The Liverpool CCG Governing Body:

- **Agreed the Written Statement of Action ('WSOA')**

- **Delegated to the Quality Safety & Outcomes Committee oversight of the delivery of the WSoA.**
- **Noted the contents of this report.**
- **Included performance measures in the Governing Body Performance Report.**

4.2 Proposal for Over The Counter Items Not To Be Routinely Prescribed – Report No: GB 51-19

The Director of Strategy, Communications and Integration presented a paper to the Governing Body around the CCG's review of the Guidance issued in March 2018 from NHS Commissioners and NHS England around "Conditions for which over the counter items should not routinely be prescribed for primary care. This guidance had identified 35 items which should not be routinely prescribed but the responsibility was passed to each CCG to make its individual decision. The Liverpool CCG Medicines Optimisation Committee had set up a Task & Finish Group to look at the three options which were:

1. Take no action.
2. Implement the guidance in its entirety.
3. Implement some of the guidance.

The decision ratified by the Medicines Optimisation Committee was to limit the prescribing of 14 of the items which were outlined in Appendix 1 to the paper and to use this as an opportunity for better conversations with patients around self-care. The Governing Body was being asked to approve the recommendation from the Primary Care Commissioning Committee to introduce a prescribing policy for self-limiting or minor conditions and items of limited clinical value subject to a public consultation. The final consultation report would come to the Governing Body around January to March 2020.

The Governing Body commented as follows:

- The Chair noted that this had already been debated extensively at committee level and the Task & Finish Group which reported to the Medicines Optimisation Committee had patient representation.

- The Lay Member for Financial Management added that this had been discussed also at the Finance Procurement & Contracting Committee at length.
- The Local Medical Committee Secretary noted that the consultation needed to be meaningful.
- The Chief Officer commented that we needed to bear in mind what neighbouring CCGs were doing to avoid potential variation from CCG area to CCG area.
- The Healthwatch Chief Executive commented that GPs did appear to already be prescribing appropriately.

The Liverpool CCG Governing Body:

- **Approved the recommendation from the Primary Care Commissioning Committee to introduce a prescribing policy for self-limiting or minor conditions and items of limited clinical value, subject to a public consultation;**
- **Approved the commencement of a public consultation on this proposal.**

PART 5: GOVERNANCE

5.1

(a) Corporate Risk Register Update (September 2019) – Report No: GB 52-19

The Head of Corporate Services & Governance presented the Corporate Risk Register to the Governing Body. He highlighted:

- There was one high extreme risk which had increased in overall score – specifically the risk to health services from a ‘no deal’ EU Exit and the potential impact on the local population. The CCG’s EU Exit Steering Group had recently been reinstated and had extended its membership to local authority colleagues in order to share preparations and ensure a more integrated approach to planning.

The Governing Body commented as follows:

- A GP Director asked about a risk around Primary Care Networks and specifically the failure of them developing sufficiently to deliver on expectations.
- In response to a comment from the Director of Quality, Outcomes & Improvement/Chief Nurse around clarity on the Governing Body Assurance Framework around what we were trying to mitigate, the Chair noted that there would be a discussion at the October 2019 Governing Body Development Session on the Governing Body Assurance Framework.
- The Lay Member for Audit referred to the risk around Previously Unassessed Periods of Care and thought that more detail had been requested around this risk i.e. number of cases outstanding, estimated adverse financial impact on the CCG which did not appear to be there and needed to be included for the next meeting. She also felt that the risk around the sustainability of services at Liverpool Women's Hospital required more explanation. The Chief Officer noted that there was a Board to Board meeting with Liverpool Women's Hospital the following week which would then inform the Risk Register.
- The Clinical Vice Chair commented on a lack of detail around EU Exit planning. The response was that much of this was classified information, the Governing Body needed to be aware that all that we needed to have in place was attended to and was part of a national structure. The Assistant Director Adult Services Strategic Integration, Adult Social Care and Health, Liverpool City Council noted that a workshop was being held the following day and that all business continuity plans were being reviewed.

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 reflect the level of risk that the CCG is exposed to given current controls and assurances.**

(b) Issues Log (September 2019 Update) - Report No: GB 53-19

The Head of Corporate Services & Governance presented a brief overview of the Issues Log. He drew the Governing Body's attention to the Adult Attention Deficit and Hyperactivity Disorder ('ADHD') waiting list size and noted that there had been a detailed paper at the previous Governing Body meeting, the rag rating had now been downgraded due to the new clinical model expected to be in place by September 2019.

The Liverpool CCG Governing Body:

- **Noted the entries in the CCG Issues Log as at 2nd September 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 Training and Study Leave Policy – Report No: GB 54-19

The Lay Member for Governance/Chair of HR Committee presented the amended Training and Study Leave Policy for approval as per the recommendation from the HR Committee. The existing Study Leave Policy had been amended to include Mandatory Training which needed to be completed by all staff within the first two weeks of their employment. The Policy recognised that this was not always possible for Governing Body members so the time period was extended to three months for them with some areas of the training most applicable to them to be prioritised within the first couple of weeks.

The Liverpool CCG Governing Body:

- **Approved the HR Committee recommendation to approve the amended Training & Study Leave Policy.**

5.3 Clinical Leadership and Lay Member Remuneration Framework (Version 2) – Report No: GB 55-19

The Chair introduced version two of the Clinical Leadership and Lay Member Remuneration Framework, noting changes from the original version which had been approved by the Governing Body in November 2018. A number of changes had subsequently been developed improving on the previous version (as summarised by page 3) based on feedback from affected individuals, Mersey Internal Audit Agency recommendations and other professional advice on contract form etc. These changes had been included within version two, discussed by the Remuneration Committee on 13th August 2019 and are recommended for approval by the Governing Body.

The Liverpool CCG Governing Body:

- **Accepted the recommendation from the Remuneration Committee (held on 13th August 2019) and approved the identified changes to the Clinical Leadership and Lay Member Remuneration Framework.**

5.4 Emergency Preparedness, Resilience & Response Assurance 2019/20 – Report No: GB 56-19

The Chief Operating Officer presented a paper to the Governing Body which provided an assurance statement regarding compliance with the National Emergency Preparedness Resilience and Response ('EPRR') Assurance 2019/20.

NHS Liverpool CCG was a Category 2 responder and needed to meet certain elements of the National EPRR Core Standards as designated by NHS England and had therefore carried out a self-assessment against which substantial compliance was noted. The areas of none or partial compliance in the self-assessment were:

- The requirement to have 24 hour access to trained loggists to ensure decision were recorded during business continuity, critical and major incidents. This was not really felt to be

applicable to CCGs but it was necessary to report as non-compliant.

- The Business Continuity monitoring and evaluation against key performance indicators was showing as partially compliant.
- Identification of severe weather events was partially compliant, with a severe weather plan in place and highlighting risks in the Climate Change Risk Assessment was not compliant. Climate Change per se was not on the Liverpool CCG Risk Register but the risk to business continuity was noted and provision made for in the plans.

Overall the assurance provided by the self-assessment was substantial and actions were in place for 2019/20 against the three areas of partial/non-compliance.

The Non Executive Nurse noted that the deadline for a review of media capacity to have a trained media spokesperson able to represent the organisation at all times was the end of quarter 4 2019/20 and did the CCG have capacity to delivery this. The Chief Operating Officer responded that we had in hours media capacity and the Senior Leadership Team who were on call for the out of hours period had had media training, along with key members of the Governing Body. It was expected that NHS England would provide the, core out of hours media response backed up by the Senior Leadership Team in the event of a major incident.

The Liverpool CCG Governing Body:

- **Noted the contents of the report; and**
- **Assured itself of the substantial compliance with the National Core EPRR Standards.**

5.5 Proposal to delegate commissioning decisions regarding the proposal for a Comprehensive Stroke Centre to the North Mersey Joint Committee Workplan – Report No: GB 57-19

The Director of Strategy, Communications & Integration presented a paper to the Governing Body requesting delegation of decision-making to the North Mersey Joint Committee regarding a proposal for a Comprehensive Stroke Centre. This was in addition to other Joint Committee work programmes, including the reconfiguration of orthopaedic services which had been approved by the North Mersey Joint Committee in 2018, and the reconfiguration of women's and neonatal services which was ongoing. Development of the proposal would be steered from a commissioner perspective by the North Mersey Committees in Common and the work to develop a proposal would be managed by the North Mersey Stroke Programme Board. A comprehensive (hyper-acute) stroke centre would improve outcomes for patients and clinicians, with the options development process led by clinicians. The role of the Joint Committee would be to approve the Pre Consultation Business Case; approve a public consultation plan and make the final decision post consultation, informed by a Decision-making Business Case.

The Chief Officer added that since the paper had been circulated to the Governing Body, West Lancashire CCG had requested to be part of the programme and to be part of a joint committee, given the impact of any service change on their population, as the proposals would incorporate services at Southport & Ormskirk Hospital. This meant that a new Joint Committee of the four North Mersey CCGs and West Lancashire CCG would need to be formed specifically for this proposal.

The Governing Body commented as follows:

- A GP Director asked if there would be patient representation at the Joint Committee. The Chief Officer responded that this was a commissioner decision-making committee formed from representatives of each Governing Body. There was already significant patient engagement throughout the process, which would inform the decision by the Joint Committee, which met in public. The Director of Strategy, Communications and Integration added that the Stroke Association were facilitating pre-consultation engagement and would be involved in the public consultation.

- A GP Director expressed that he did not feel comfortable with idea of delegating any decision affecting the population of Liverpool to a North Mersey Joint Committee. In response it was noted that the Governing Body had already approved the establishment of a Joint Committee in May 2018, which had already approved the decision on the reconfiguration of orthopaedic services. The Chief Officer added that all the CCGs would be sighted on the programme and the proposal, through the reporting to Boards from the Committees in Common and the Joint Committee.

The Liverpool CCG Governing Body:

- **Noted the case for change for a new model of care for acute stroke services for the North Mersey population;**
- **Were unable to approve the delegation of commissioning decisions regarding proposals for a North Mersey Comprehensive Stroke Centre to a specific Joint Committee with membership from North Mersey CCGs and West Lancashire CCG as the paper had been written before the decision of West Lancashire CCG to be involved and a full paper would come back to the January 2020 Governing Body meeting.**

5.6 Feedback from Formal Committees – Report No: GB 58-19

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 - 23rd July 2019
- Committee(s) In Common – 9th August 2019
- HR Committee – 13th August 2019
- Primary Care Commissioning Committee – 27th August 2019
- Quality Safety & Outcomes Committee – 3rd September 2019 – the Non-Executive Nurse/Chair of the Quality Safety & Outcomes Committee commented that the concern of the committee was to ensure that outcomes of patient engagement informed commissioning decisions.

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 Teresa Williamson from Keep Our NHS Public highlighted the issue of children and adults with mental health issues who were hospitalised outside of the local area and reports from around the country of the horrific treatment received by many. She wanted to know what was changing in our area for young people who then transition to adult services under Special Educational Needs & Disability to improve the quality of treatment they received and for it to be close to friends and family. The Director of Quality, Outcomes & Improvement/Chief Nurse responded by explaining that only a very small number of patients required hospitalisation and as outlined in the Chief Nurse's report earlier on the agenda Liverpool CCG was working closely with Liverpool City Council to develop our own local commissioning solution for young people.

7. DATE AND TIME OF NEXT MEETING

Tuesday 12th November 2019, 2.30pm Boardroom Liverpool CCG