

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 14TH OCTOBER 2014 1pm
Boardroom, Arthouse Square

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Shamim Rose	GP
Katherine Sheerin	Chief Officer
Tom Jackson	Chief Finance Officer
Dr James Cuthbert	GP/Matchworks Locality Chair
Dr Maurice Smith	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Dr Simon Bowers	GP/Clinical Vice Chair
Dr Rosie Kaur	GP
Jane Lunt	Head of Quality/Chief Nurse
Dr Fiona Lemmens	GP

CO-OPTED:

Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Paula Finnerty	GP – North Locality Chair
Dr Rob Barnett	LMC Secretary
Ray Guy	Practice Manager
Dr Sandra Davies	Interim Director of Public Health
Dr David Webster	GP – Matchworks Locality
Councillor Roz Gladden	Liverpool City Council

IN ATTENDANCE:

Cheryl Mould	Head of Primary Care Quality & Improvement
Ian Davies	Head of Operations & Corporate Performance
Tony Woods	Head of Strategy&Outcomes
Kim McNaught	Deputy Finance Director

Derek Rothwell
Carole Hill
Kathy Hull

Head of Contracts & Procurement
Head of Communications
Executive Officer – Healthwatch
Liverpool Scrutiny

Phil Wadeson

Director of Finance, NHS England
Merseyside Area Team

Dave Horsfield
Samih Kalakeche

MI Programme Manager (item 3.2)
Director of Adult Services &
Health, Liverpool City Council

Paula Jones

Minutes

APOLOGIES:

Dave Antrobus

Lay Member – Patient
Engagement

Moira Cain

Practice Nurse

Dr Janet Bliss

GP

Dr Jude Mahadanaarachchi

GP/Liverpool Central Locality
Chair

Clare Duggan

Director, NHS England Merseyside
Area Team

Public: 11

PART 1: INTRODUCTIONS & APOLOGIES

Introductions were made for the benefit of the members of the public present.

1.1 DECLARATIONS OF INTEREST

There were no declarations made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 9th September 2014 were agreed as an accurate record of the discussions that had taken place.

1.3 MATTERS ARISING Not already on the agenda:

- 1.3.1 Action Point One – The Chief Officer noted that the request for information from NHS England on Primary Care Support Services would be covered in the Chief Officer's Update.
- 1.3.2 Action Point Two – it was noted that the Healthy Liverpool Strategy document had been discussed at the 29th September 2014 Governing Body session and that the Blueprint was on the agenda for the October meeting.
- 1.3.3 Action Point Three – it was noted that the Corporate Risk Register would be brought to the November 2014 meeting.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 70-14:

- Healthy Liverpool Programme Leads Board 9th September 2014 –the Chief Finance Officer fed back to the Governing Body:
 - ✓ Development of the new branding proposals had been discussed. These had been circulated to practice members for comments.
 - ✓ Healthy Liverpool Programme decision making – request had been made for committee(s) in common with the other two local CCGs and a paper was on the agenda for the October 2014 Governing Body meeting.
- Finance Procurement & Contracting Committee 23rd September 2014 – the Chief Finance Officer fed back to the Governing Body:

- ✓ Proposal made to continue Clatterbridge Funding and a paper was on the agenda later for the October 2014 Governing Body meeting.

- Audit Risk & Scrutiny Committee 23rd September 2014 – Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ Annual private session held with internal and external auditors – no issues had emerged and the auditors were satisfied with the levels of co-operation from staff.
 - ✓ Potential issue highlighted of the suggested date for sign off of the annual report and accounts to 28th May 2015 which was very early. The Governing Body would need to convene an additional quorate Governing Body meeting at the end of May. The Governing Body would have received draft versions prior to this date. The Chief Officer noted that this was Half Term week and therefore Governing Body members would need to take account of this if planning annual leave.

- Approvals Panel 8th September, 30th September & 7th October 2014–the Lay Member for Governance/Deputy Chair fed back to the Governing Body:
 - ✓ Panel was working very well with two work streams reporting to it:
 - Improving winter access – 82 practices out of the 93 had had bids which would lead to improved access approved.
 - £5 per head of over 75s funding – over 75% of practices had had schemes approved. Three bids had been received around addressing Social Isolation. It was highlighted that Liverpool CCG was managing any potential conflicts of interest regarding payments to General Practices by decisions being taken by the

Approvals Panel which had no GP/practice representation.

- Primary Care Committee 30th September 2014 - the Committee Vice Chair fed back to the Governing Body on the main issues discussed:
 - ✓ Community Services Transformation of Neighbourhoods – engagement being carried out and a Steering Group being established looking at how to mobilise. Don't want to lose local flavour but Neighbourhoods needed to align with the CCG Outcomes.
 - ✓ Capacity in Primary Care – growing demand from Secondary Care re outpatient diagnostics being referred back to the community for follow up. A small team was to set up to look at the issues.
 - ✓ Patient Engagement Plan – Project Manager appointed to deliver, need to utilise this to full potential.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Committees.**

2.2 Feedback from the Merseyside CCG Network 1st October 2014 – Report No GB 71-14

The Chief Officer updated the Governing Body on the recent Merseyside CCG Network meeting:

- Two parts to the meeting, Part One was Merseyside CCGs with Cheshire CCGs and Richard Barker from NHS England North. Richard Baker had given an update on changes to NHS England structures, priorities for future working including commissioning of specialised services with CCGs.

- From main Merseyside CCG Network, legacy items from PCTs were discussed:
 - Neuro-rehabilitation – commissioned two years ago for 18 month pilot. Recommended that the contract to be extended for one year whilst independent evaluation undertaken.

- Stroke Services – recommendations from the Cheshire and Merseyside Stroke Network regarding standards for stroke services and the establishment of a joint commissioning group across the footprint . It was agreed that Merseyside CCG Stroke Leads needed to review the recommendations and confirm any joint arrangements across Merseyside. Dr Janet Bliss was to lead for Liverpool.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Merseyside CCG Network.**

2.3 Feedback from Joint Commissioning Group – 22nd September 2014 – Report No GB 72-14

The Head of Strategy & Outcomes fed back to the Governing Body on the meeting of the Joint Commissioning Group on 22nd September 2014:

- Meeting was shorter than usual as combined with a Ministerial visit re the Better Care Fund.

- Final submission of the Better Care Fund was reviewed, this was now subject to the NHS England assurance process.

- Physical Activity Strategy and Action Plan – further work was required and would come to the Governing Body at some stage.

- Governance arrangements with Public Health were to be strengthened. The CCG and Public Health Intelligence could work more closely together.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Joint Commissioning Group.**

2.4 Chief Officer's Update

The Chief Officer updated the Governing Body:

- ✓ Healthy Liverpool Programme Prospectus for Change was ready for sharing (previously called the Blueprint) and would be discussed later on the agenda.
- ✓ Practice members event held on 8th October 2014 to present the Prospectus for Change. Governance arrangements changes to the Constitution were also approved, mostly technical around changes to names and numbers of practices and dealing with anomalies such as the Governing Body setting up and ending committees without have to bring the changes back to all members for approval. All the changes were approved and sent to NHS England. The event had been extremely well attended.
- ✓ Primary Care Co-Commissioning, no firm guidance received as yet but still looking at the options of (1) increased involvement, (2) joint commissioning or (3) devolved arrangements. Responsibilities would be in respect of GMS/PMS national contracts, enhanced services, property cost and Quality Outcomes Framework but not revalidation or Performers Lists or practice performance. The Chief Officer was a member of a national Group looking at conflicts of interest and how to manage them re delegated arrangements. CCGs could review their submission in terms of the level of responsibility by January 2015.

It was noted that budgets would not be fully developed until 2016/17.

- ✓ Specialist Commissioning - at the combined CCG Network meeting Richard Barker from NHS England North had said that CCGs needed to design what worked for their health economy. Liverpool had a large number of specialist providers on the patch and work had already started across the Mersey CCGs to design a framework. The Chief Officer noted the restructure of the NHS England Area Teams and stressed the need to keep experienced people in the system to ensure stability.
- ✓ Two visits had taken place from national postholders:
 - Kris Hopkins the Parliamentary Under Secretary of State for Communities and Local Government and Communities had visited to discuss the Better Care Fund.
 - Duncan Selbie, Chief Executive of Public Health England. The Interim Director of Public Health noted that he had taken on board how Liverpool was affected by the cuts and had said that there was no national mandate on how things should be done which was very encouraging.
- ✓ The Lay Member for Governance/Deputy Chair had attended the 17th European Health Forum in Gastein, Austria. The Lay Member for Governance informed the Governing Body that there had been an impressive attendance list for those responsible for shaping European health policy and that it was comforting to learn that although there had been changes in the Economic Union there were no major changes in priorities and direction. She stressed the non-clinical/social determinants of health which were discussed and which fitted in with the Liverpool CCG Strategy. Also it had become apparent that Liverpool was far more advanced with respect to Telehealth

than most parts of the UK and possibly Europe and that this should be publicised more. Liverpool should use its opportunities for partnership working to the utmost and there were interesting possibilities involving the Academic Health Science Network which would come to the Governing Body in due course. The Chief Officer referred to a visit from Martin McShane the NHS England Director for Long Term Conditions/Mental Health and that the Head of Strategy & Outcomes and his Team were looking at the social determinants of the mental health agenda.

The NHS Liverpool CCG Governing Body:

- **Noted the Chief Officer's update**

2.5 NHS England Area Team

The NHE England Director of Finance gave an update to the Governing Body on NHS England Merseyside Area Team activity:

- NHS England Area Teams were being re-organised and in the North the nine Area Teams would become four from next April – Cheshire and Merseyside would merge. A significant amount of staff would be lost. He stressed that NHS England wanted to retain its strong links with the CCG.
- Co-commissioning – there were three models but these as yet had not been fixed. Primary Care performance was not included and a definition of “performance” was required. Guidance was awaited.
- Specialist Commissioning – timescales had moved back in order to ensure a safe transfer of responsibilities. The Director of Specialist Commissioning had been appointed - Richard Jeavons. April 2016 would be a significant date for both co-commissioning and specialist commissioning.

- Assurance Quarter Two feedback letters would be sent out that day.
- National priorities were urgent care and four hour waits. Referral to Treatment performance was looking ok but there were real issues around urgent care and A&E in order to get to a sustainable position.
- Better Care Fund – Individual assessment of plans had been completed and they were now going through moderation, feedback would be available in the next couple of weeks.
- Healthy Liverpool Programme – the NHS England Merseyside Area Team Director would be giving feedback on Phase One Assurance.

2.6 Update from Health & Wellbeing Board – Verbal

The Head of Strategy & Outcomes updated the Governing Body on the meeting which had taken place on 25th September 2014:

- Liverpool Mental Health Transformation Programme – had been well received and a meeting had been set up with the Regeneration Department.
- Presentation made on the Better Lifestyles Programme which had been well received.
- **Noted the verbal update on the Health & Wellbeing Board.**

2.7 Public Health Update - Verbal

The Interim Director of Public Health updated the Governing Body:

- Stoptober – there were continuing high levels of referrals into services and an update on numbers would be given at a future meeting.
- November – there was a “Say No to Drunks” initiative in the Ropewalks area.
- Dry January to be launched on 19th November 2014 at The Brink.
- MMR/Immunisation – working with NHS England and Public Health England to understand 3% dip from the same period last year with MMR.
- Ebola – table top exercise to be held on 15th October 2014 which the Head of Operations & Corporate Performance from Liverpool CCG was attending looking at emergency preparedness – an update would follow in due course.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update on Public Health**

PART 3: STRATEGY & COMMISSIONING

3.1 Healthy Liverpool Prospectus for Change – Report No GB 73-14

The Chief Finance Officer presented a paper to the Governing Body on the draft Healthy Liverpool Prospectus for Change and the development and engagement process that had informed the Prospectus. Liverpool was a very complex city with 9 NHS providers, private providers and a high level of 3rd Sector providers. £1.3bn was spent on the Health and Social Care economy. The Healthy Liverpool Programme had started in May last year and was driven by the Programme Steering Group and external Advisory Group. The aims were to be focussed on health outcomes, provide first class quality of

services and ensure clinical and financial sustainability of services across the city. The principles of the Programme were:

- Strong Patient and Public Engagement
- Clinically Led
- Evidence Based Decisions
- Services designed around patients
- Accessible care in the most appropriate setting
- Affordability of Plans
- Value to the Taxpayer
- Reasonableness of changes

Phase Two of the Programme was about to close down, which was the development of the Five Year Strategy and Two Year Operational Plan, setting up of governance arrangements and six clinically led programmes across three settings of care. The production of the Prospectus for Change marked the end of Phase Two and the opening of Phase Three which was citywide engagement with all stakeholders and patients for their feedback and views around the three settings of care the six clinical programmes. This would lead to the development of options for the realignment of certain hospital based services. It was noted that there were some investment decisions on the agenda for later.

The Healthy Liverpool Programme was a formal response to the Mayor's Healthy Summit and the Prospectus contained a forward from the Mayor. The Governing Body was asked to approve the Prospectus and note the main paper. The Chief Officer noted the recent engagement exercise undertaken across the city with over 300 people attending across three events. The responses had been extremely positive and the public seemed to understand what was being aimed for. The Liverpool City Councillor stressed the importance of health and social care working together.

The NHS Liverpool CCG Governing Body:

- Approved the Healthy Liverpool Programme Prospectus for Change;

- Noted the development and engagement process that has informed the development of the Prospectus;
- Noted the summary feedback from the three public engagement events that were held in September and October 2014
- Noted the next phases of delivery for the Healthy Liverpool programme.

3.2 More Independent Programme – Report No GB 74-14& Presentation

The Governing Body GP Member/Executive Sponsor for the More Independent Programme and the More Independent Programme Manager gave a presentation to the Governing Body on the progress made with the More Independent Programme:

- Prior to the formation of the CCG, Liverpool had successfully bid for funding from the Technology Strategy Board (now Innovate UK) via the Delivering Assisted Living Lifestyles at Scale (DALLAS) programme. The successful bid came from a partnership of Liverpool based organisations, experts in assisted living and major companies to provide the engagement and expertise required.
- Hosting arrangements had moved from Liverpool PCT to Mersey Care now back to Liverpool CCG.
- Liverpool was the only CCG to have such a programme.
- Use of technology/remote telemetry to monitor vital signs at home – Liverpool was now the largest deployment of telemedicine in the UK and possibly Europe and beyond with more than 600 patients enrolled at present and 40 patients a week “onboarding”.
- There is wide engagement of GPs with 35 practices signed up so far and a further 15 to 20 ready to go.

- Digital platform – Mi was moving forward with a platform that will enable the use of Person Held Records.
- Not just about technology, community champions have been recruited and digital hubs established so that people especially in areas of deprivation can access and receive help to use computer technology.
- Strong partnership in the local economy with local businesses.
- House of Memories Application.
- Aligned with the Healthy Liverpool Programme.
- How to move forward? A formal business case for future investment in telemedicine and telecare would be brought back to the Governing Body.
- The Mi Smarthouse, based in the Museum of Liverpool, was very high profile and an excellent demonstrator of assisted living technologies available. Riverside Housing was providing advice and support via a helpline for enquires generated via visits to the Smarthouse.
- Funding from the DALLAS programme is due to finish in May 2015. There were ongoing discussions as to how the Mi programme would continue to inform future developments across the UK via Innovate UK. The MI Programme Manager and the Head of Strategy & Outcomes were visiting Innovate UK on 18th November 2014 and would keep the Governing Body informed.

The Governing Body commented as follows:

- Brand was growing in credibility.
- How could wealth creation and jobs be linked in to this? The More Independent Programme Manager noted that links were being developed with small and medium sized

enterprises, also the Academic Health Science Network had commercial links.

- What about outcomes and monitoring? The More Independent Programme Manager noted that Neighbourhood patients would be tracked through the system with a full set of data showing positive results. The Clinical Vice Chair noted that as part of iLinks all Trusts were being assessed on their digital capability for information sharing between staff.
- The Local Councillor commented how important it was to engage people in managing their own health outcomes.
- It was noted that the programme had made significant progress in the previous six months, with uptake of telehealth and telecare really accelerating.

The NHS Liverpool CCG Governing Body:

- **Noted the report and progress made.**

3.3 Investment Decision – Proposed Funding for Clatterbridge Cancer Centre – Report No GB 75-14

The Chief Finance Officer presented a paper to the Governing Body to provide an overview of the Transforming Cancer Care proposals and to request approval for the investment to support the new cancer centre at the Royal Liverpool site. Following the 2008 review an Outline Business Case had been developed by Clatterbridge and a consultation process was underway. Clatterbridge had received £15m as a bullet payment from Liverpool PCT and had to date received £13m (first two years) of the £6.5m enhanced tariff. Reflecting previous decisions by Commissioners, NHS England had confirmed additional service payments of £3.2m per year for the next 3 years. Similarly the CCG had received an allocation to fund £9.6m for delivery of business cases.

The NHS Liverpool CCG Governing Body:

- **Noted the overview and progress update**
- **Approved the payment of £9.6m to the Clatterbridge Cancer Centre.**

3.4 Investment Proposals: – Report No GB 76-14

a) North West Ambulance Service GP Pathfinder

Dr Fiona Lemmens and the Head of Operations & Corporate Performance presented the “GP in a Car” investment proposals:

- Used same algorithm as North West Ambulance Service.
- Was a Winter Pilot last year using UC24.
- Of the referrals to UC24 84% managed to remain at home and for those aged >85 years old 91% remained at home therefore 586 patients avoided A&E with the implied average length of stay of 2.9 days avoided with savings of approximately £637k.
- The proposal was to continue this for 18 months in order to assess the pilot further at a cost of £447k non-recurrent from now until December 2015.

The Chief Officer noted that this and all the proposals had already been approved by the Programme Leads Board and Finance and Procurement Committee. The Head of Operations & Corporate Performance, in response to a question from the Director of Adult Services & Health Liverpool City Council as to why the pilot was only to be funded to December 2015, noted that whilst the pilot was ongoing there would be a permanent procurement exercise for a service to commence prior to this.

The Governing Body approved the investment proposal.

b) Royal A& E GP Scheme

Dr Fiona Lemmens presented the investment proposal to the Governing Body:

- Pilot last winter to have a dedicated GP (from UC24) work alongside A&E at the Royal Liverpool Hospital for patients presenting at A&E to be referred to if appropriate.
- New scheme would run Friday to Monday including Bank Holidays
- The pilot appeared successful and £165k non-recurrent funding per annum for four years was required.

The Head of Operations & Corporate Performance noted that this was to be part of a contract variation with UC24, the contract was held until October 2018 and this would be fully integrated as part of the out of hours services

The Governing Body approved the investment proposal.

c) Primary Care Offer in Emergency Department Alder Hey

The Clinical Vice Chair presented the proposal for funding for a GP presence at Alder Hey A&E to the Governing Body to field the minor A&E attendances. The pilot would use UC24 7 days a week at peak times of 2pm to 10pm. The full 16 month pilot would cost £656k.

The Local Medical Committee Secretary asked how people could be prevented from just presenting at A&E at Alder Hey just to see a GP. The Clinical Vice Chair noted that this needed to be used in conjunction with the wider CCG agenda on ensuring the right out of hours services were used as appropriate. The Chair added that this was a short term pragmatic solution to the problem.

The Governing Body approved the investment proposal.

The NHS Liverpool CCG Governing Body:

- **Approved the funding for the detailed Healthy Liverpool Programme investment proposals.**

PART 4: GOVERNANCE

4.1 To establish a Committee(s) in Common across Liverpool, South Sefton and Knowsley CCGs for consultation on changes to hospital services as part of the Healthy Liverpool Programme – Report no GB 77-14

The Chief Officer presented a paper to the Governing Body on establishing a committee(s) in common across Liverpool, South Sefton and Knowsley CCGs in order to agree options for the future delivery of hospital services in Liverpool. The Healthy Liverpool Programme had made good progress over the last 18 months but Liverpool as a single CCG could not take decisions on its own with regard to hospital services, so the proposal was to set up the committee(s) in common taking place at the same time with the same agenda at each CCG to make recommendations before going to the individual CCG Boards/Governing Bodies for approval.

Realigned Hospital Based Care work stream was devising new models which were reviewed by the Chief Executives of the hospital trusts and approved at the Leadership Group. The committee(s) in common would make decisions around the options for formal consultation with the public and oversee the consultation process.

The proposed Terms of Reference had already been approved by the South Sefton CCG Governing Body which the Liverpool CCG Chief Officer had attended and by Knowsley CCG.

The Chair noted that these had been discussed in draft form at a number of different fora.

The NHS Liverpool CCG Governing Body:

- **Approved the establishment of a Committee(s) in Common with South Sefton and Knowsley CCGs**

4.2 Complaints, Subject Access Requests, Freedom of Information Requests and MP Enquiries – Report no GB 78-14

On behalf of the Lay Member for Patient Engagement, the Lay Member for Governance/Deputy Chair introduced a report to the Governing Body to bring to its attention the breadth, scale and response to complaints, subject access requests, Freedom of Information Act requests and MP enquiries.

The Head of Operations & Corporate Performance noted that the next report would contain comparative data and summarised:

- 26 MP enquires received between 1st April 2014 and 30th September 2014, 9 of which were still open. There were no obvious patterns.
- There had been no subject Access Requests in the period.
- Freedom of Information requests had increased from 127 to 148. Any breaches of timescale had been due to the complexity of the queries and need to liaise with different parties.
- Complaints: 18 had been inherited April 2013 of which one was still outstanding due to its complexity. Complaints could be made directly to the provider or to the CCG as the commissioner to investigate. In the first six months of the financial year there had been an increase to 72 complaints possibly because people were more aware of the system rather than there being more concerns. About 20% of complaints were upheld or partially upheld. Complaints covered a wide range of areas e.g.:
 - Continuing Healthcare & restitution cases
 - Royal Liverpool Hospital discharge letters
 - Mersey Care Staff not easily identifiable by uniform/ID on home visits.Learning was always shared with providers.

- No significant themes were emerging.

- The second report would contain more comparative data.

The Governing Body members raised the following queries:

- The Secondary Care Clinician asked how a better approach to complaints could be achieved so as not to see them as negative. The Head of Operations responded that there was a great deal of openness and transparency than previously in the system but the process could be simplified. The Head of Quality/Chief Nurse noted that it should be clear in contracts with providers and to the public that the CCG did not view complaints as negative.
- The Chief Officer asked if the Clinical Quality & Performance Groups were sited on learning from complaints. The Head of Quality/Chief Nurse responded that these Groups were looking at this, the Friends & Family Test was not the only source of patient experience data and that data was also collated from other sources including Healthwatch, in order to obtain a balanced view.

The NHS Liverpool CCG Governing Body:

- **Received and notes the contents of this annual summary report.**

Part 5: Performance

5.1 CCG Performance Report – Report no GB 79-14

The Head of Operations & Corporate Performance presented the Performance Report to the Governing Body to report on the CCG's performance in the delivery of quality, performance and financial targets for the year 2014/15. He highlighted:

- Report had been redesigned and hopefully would be easier to navigate.
- Diagnostic waiting times – below the threshold as at August 2014 but an improvement on July 2014, CCG monitoring showed sustained improvement from October 2014.

- Referral to Treatment (18 weeks) – 18 week target had all been met, small number of breaches referred to specialist centres.
- Cancer – all targets met overall last month. There were breaches at Aintree, Liverpool Heart & Chest Hospital and Liverpool Women's.
- 4 Hour A& E target – marginal breach of target for August at 94.58%. Performance at Aintree Hospital was jeopardising the year-end target.
- Referral to Treatment (52 weeks) – this was red, NHS England for non-admitted patients at trusts (no breaches for admitted patients). NHS England had a recovery plan in place with all acute and specialist trusts. It was noted that there was a contract query meeting with the Royal Liverpool Hospital. The Head of Operations & Corporate Performance noted that recent unvalidated data showed that the numbers waiting at the Royal had significantly reduced.
- Stroke – performance was Green overall re waiting targets and delivery. Breaches occurred for percentage of patients spending at least 90% of their time on a dedicated stroke unit.
- Mixed Sex Accommodation – this was red due to environmental issues at the Royal Liverpool Hospital which the trust was working to resolve so would improve.
- Health Care Acquired Infection – 6 cases of D-Difficile in August (plan was 13) but an improvement on last month. There were no new cases of MRSA in August.
- The report contained Care Quality Commission Update for Liverpool Community Health and Royal Liverpool Hospital. There were issues around the delivery of the Offender Health Service which was commissioned by NHS England.

- Care Quality Commission Inspections of General Practices and Out of Hours Services – there were six key lines of enquiry. An assessment of the outcomes would be brought back to the CCG via the Primary Care Committee and the Quality Safety & Outcomes Committee.
- Patient Safety – nothing significant to report.
- CCG Financial Position – this was green and the CCG was on track to deliver on all its key financial targets.
- The next report would contain the new look dashboard and the Head of Operations & Corporate Performance acknowledged the hard work of the Senior Corporate Services Senior Manager.

The Secondary Care Clinician commented on the clarity of viewing movements in performance on the Dashboard. The Head of Operations & Corporate Performance noted that the next report would expand on commentary re outcomes and would have more informed commentary.

The Chief Finance Officer referred to Appendix 2 and A&E targets and commented that it would be useful to compare performance with other CCGs re performance around Aintree Hospital to see if they performed better. The Head of Operations & Corporate Performance noted that non A&E/walk-in centre activity showed against CCG performance so Knowsley CCG benefitted from the Huyton Walk-In Centre.

In response to a query from the Director of Adult Services and Health Liverpool City Council around Cancer performance, the Head of Operations & Corporate Performance noted that breaches referred to a small number of specialist cancers where for example patients had been referred late in the pathway for 2nd or 3rd treatments. These would be eliminated from the report over the next few months. It was noted that Aintree Hospital was not at fault for cancer breaches noted against them.

The Chief Officer referred to the Liverpool Community Health Care Quality Commission Inspection report and comments around Offender health and requested a more detailed report on this in next month's performance report, possibly in part 2.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in delivery of key national performance indicators and the recovery actions taken to improve performance.**

6. QUESTIONS FROM THE PUBLIC

It was noted that a question had been submitted by Mr Sam Semoff had been responded to in writing as it was not appropriate for discussion at the public Governing Body meeting due to its nature.

7. ANY OTHER BUSINESS

None.

8. DATE AND TIME OF NEXT MEETING

Tuesday 11th November 2014 at 1pm, to be held in the Boardroom at Arthouse Square.