

# NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

## GOVERNING BODY

Minutes of meeting held on **TUESDAY 11 MARCH 2014**  
**1.00 PM - Boardroom, Arthouse Square**

### PRESENT:

#### VOTING MEMBERS:

|                       |   |
|-----------------------|---|
| Dr Nadim Fazlani      | Chair                                   |
| Prof Maureen Williams | Lay Member –<br>Governance/Deputy Chair |
| Dr Simon Bowers       | GP/Clinical Vice Chair                  |
| Dr Fiona Lemmens      | GP                                      |
| Dr Shamim Rose        | GP                                      |
| Dr Janet Bliss        | GP                                      |
| Moira Cain            | Practice Nurse                          |
| Dr James Cuthbert     | GP/Matchworks Locality Chair            |
| Katherine Sheerin     | Chief Officer                           |
| Tom Jackson           | Chief Finance Officer                   |
| Dr Donal O'Donoghue   | Secondary Care Doctor                   |
| Dave Antrobus         | Lay Member – Patient<br>Engagement      |
| Jane Lunt             | Head of Quality/Chief Nurse             |

#### CO-OPTED:

|                   |                                 |
|-------------------|---------------------------------|
| Dr Paula Finnerty | GP – North Locality Chair       |
| Dr David Webster  | GP – Matchworks Locality        |
| Dr Paula Grey     | Joint Director of Public Health |
| Ray Guy           | Practice Manager                |

#### IN ATTENDANCE:

|                 |  |
|-----------------|--|
| Cheryl Mould    | Head of Primary Care Quality &<br>Improvement                  |
| Tony Woods      | Head of Strategy & Outcomes                                    |
| Ian Davies      | Head of Operations & Corporate<br>Performance                  |
| Dr Rob Barnett  | LMC Secretary  |
| Samih Kalakeche | Director of Adult Services &<br>Health, Liverpool City Council |

Dr John Hussey

Medical Director, NHS England  
Merseyside Area Team  
LCCG Communications Lead  
Minutes

Helen Johnson

Carol Hughes

**APOLOGIES:**

Dr Maurice Smith

GP

Dr Edward Gaynor

GP

Dr Jude Mahadanaarachchi

GP/Liverpool Central Locality  
Chair

Councillor Roz Gladden

Liverpool City Council

Kathy Hull

Executive Officer – Healthwatch  
Liverpool Scrutiny

Dr Tristan Elkin

GP – Liverpool Central Locality

Clare Duggan

Director - NHS England  
Merseyside Area Team

Public: 4

**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 held on 11 February 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 – It was noted that changes to the minutes of the meeting held on the 14 January had been made.
- 1.3.2 Action Point Two – It was noted that the representative from NHSE for the Primary Care Improvement Committee was currently off on long term sickness and an alternative representative had been arranged.
- 1.3.3** Action Point Three – It was noted by J Hussey, NHSE, that the agreement with Clatterbridge to support relocation to the Royal Liverpool site still remains in place as signed by D Campbell prior to the end of the PCT cluster arrangements
- The Chair advised that the position of the CCG Governing Body was that the Cancer Centre needed to be in Liverpool and that clarity was required to enable Clatterbridge to go out to public consultation.
- 1.3.4 Action Point Four – It was noted by J Hussey that an Internal Quality Group had been developed between the Commissioning Medical and Nursing Directorate to look at complaints and themes which will be fed back to individual CCGs. NHSE is happy in the first instance to share general themes coming through from the internal committee.
- 1.3.5 Action Point Seven – Ian Davies clarified issues around Cancer wait for Trusts and details for Specialist Trusts that the current reporting does not recognise the Manchester Model seeking to better appointments between Specialist Trusts and local DGHs. J Hussey advised that this will be highlighted at a ‘Board to Board’ arranged with Cheshire Wirral and Warrington Area Team next week. It was agreed that Ian Davies would provide narrative.

- 1.3.6 Action Point Eight – Tom Jackson referred to the question asked by a member of the public which assumed transfer of delegation from the CCG to the Commissioning Support Unit (CSU) and formed part of the 9 other written questions. A meeting had taken place with the individual concerned to go through in some detail and to clarify some areas of confusion. It was noted that the confusion related to the CSU and areas where they are the named ‘contracting authority’ on Supply to Health. It was confirmed that the CCG is responsible for all decisions relating to procurement of the services it commissions.

## **PART 2: UPDATES**

### **2.1 Feedback from committees – Report No GB GB12:14**

Healthy Liverpool Programme (HLP) Leads Board -  
11 February 2014: The Chief Finance Officer/HLP Programme Director fed back to the Governing Body:

- ✓ The CCG 5 Year Strategy, which is effectively the Healthy Liverpool Programme will be ready in draft for 1 April and final version by June.
- ✓ Clinical Programme setting out what will be delivered in each area for prevention, primary care, extended primary care and hospital settings.
- ✓ Outcomes have been agreed and each clinical programme will set out its contribution
- ✓ A blueprint for the City will be ready for September 2014.

Primary Care Committee – 25 February 2014: The North Locality Chair fed back to the Governing Body on the main issues discussed:

- ✓ Cancer Screening: Data from NHS England highlighted that Liverpool had one of the highest rates for exception reporting QOF data. It was noted that patients reported as non-responders were reported as exempted.

It was noted that in certain neighbourhoods and practices, particularly those areas with a large ethnic minority population, that there could be problems with Cervical Screening.

It was agreed that a response would be prepared for NHSE to request assistance in Cervical Screening training and to look more closely at practices to take back to Localities.

- ✓ The role of a Medicines Co-ordinator was discussed looking particularly at prescribing systems and safe practices and systems.

- ✓ This role would also look at Pharmacy ordering to reduce the risk of duplication. This was supported and the role will be submitted to the Finance and Procurement Committee to ensure clear outcomes are defined to ensure value for money. This will be included in the neighbourhood model.

Finance Procurement & Contracting Committee -  
27 February 2014: the Chief Finance Officer fed back to the Governing Body:

- ✓ IAPT: Procurement to be commenced, with one provider being sought to deliver across 13 sites.

- ✓ There may be a risk that some contracts are not signed by the 1 April, however reasonable offers have been made and the team is working hard to ensure all contracts are signed.

- ✓ A paper on financial allocations and planning assumptions was presented, all of which are contained

in the main planning document. Consideration has been given to what implications may be to LCCG position going forward for the 2 year financial planning cycle and 5 year strategy which will come back to Governing body for sign off in March.

### **The NHS Liverpool CCG Governing Body:**

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

## **2.2 Feedback from CCG Network : Report No GB GB12:14**

The Chief Officer fed back to the Governing Body on the meeting of the CCG Network which had taken place on 5 March 2014:

- ✓ A presentation was given from the Trauma and Critical Care Operational Delivery Network about how to ensure their work and expertise is properly utilised through commissioning plans and strategies going forward.
- ✓ Liverpool involvement consists of Dr Fiona Lemmens for Trauma Network and Ian Davies for Critical Care.
- ✓ Designated Commissioner requested services was discussed, and the need for Commissioners to work together on this process.

The Secondary Care Doctor queried whether there was a parallel process for non-Foundation Trusts. In response, the Chief Finance Officer advised that there is an expectation that the process will be the same for non-Foundation Trusts.

The Deputy Chair queried whether the length of designated commissioner requested services could be determined and how long they would last. In response the Chief Finance officer advised that the expectation is that the current position would apply until 2015.

## **The NHS Liverpool CCG Governing Body:**

- **Noted the activity undertaken by the CCG Network**

### **2.3 Joint Commissioning Group: Report GB14-14**

The Head of Strategy and Outcomes fed back to the Governing Body on the meetings which had taken place on the 6 February and 25 February 2014:

- ✓ The majority of the focus of both meetings was the development of the Better Care Fund draft Submission by the 14 February deadline.

Positive feedback has been received from Local Government assessment and NHSE on the work to date so work will continue to produce a draft for the Strategic Planning process by the end March.

The Chief Officer advised that the outcome of the decisions on Social Care and the Better Care Fund Submission would be brought to the extraordinary Governing Body meeting for sign off at the end March 2014.

It was highlighted that one of the targets related to admissions to residential care and plans to look at that primarily with the work of the Healthy Ageing Work stream which will develop to achieve the desired results.

- ✓ An update report was provided on the Agreement for collaborate working arrangements for Mental Health and End of Life Care with the Local Authority.

## **That Liverpool CCG Governing Body:**

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

## 2.4 Chief Officer Update:

The Chief Officer updated the Governing Body:

Royal Liverpool:

- ✓ The Royal CQC Hospital Inspection Report has now been published. This is one of the requirements for Foundation Trust status.
- ✓ The report highlighted that the service is delivered by caring and considerate staff with good practice for End of Life Care and examples of innovation.
- ✓ In terms of improvement it was noted that recruitment issues should be resolved and this has commenced with recruitment of additional nurses.
- ✓ Issues with Capita regarding the recruitment process are being addressed.
- ✓ A problem with infection control in the Emergency Department was highlighted and weekly reporting arrangements by staff have now been put in place.

It was noted that the above issues would all be addressed in the Action Plan produced by the Royal which was shared with LCCG for comment prior to submission to CQC.

The CQC will now reach a conclusion about whether the Trust is good and ready to proceed to Foundation Trust status in relation to the quality of services.

Finance and Governance arrangements are now being looked at by Monitor and a meeting has taken place with the Chief Officer and Chief Finance Officer to discuss the CCG perception in terms of Foundation Trust status.

The Trust will not be looked at in isolation but also across the health care system and the plans set out in the Healthy Liverpool Programme, will also be taken into consideration.

Following the outcome of the CQC and Monitor assessments a decision will be made about whether to proceed with Foundation Trust status. It was highlighted that achievement of the 4 hour target could be a key issue in this decision

#### Liverpool Community Health:

- ✓ After consideration at the last Governing Body of the CQC report following an unannounced inspection, a Quality Review visit consisting of Commissioners, Regulators and Inspectors was arranged to consider the actions being taken to address the issues highlighted in the report.
- ✓ Demonstration of compliance is required by 1 April.
- ✓ Following the Quality Review meeting It was agreed that a follow up review would be held in 3 months and members of the LCH Board are attending Part 2 of the Board to give direct assurances that action is being taken.

#### Aintree:

- ✓ A CQC follow up visit was held last week following concerns identified during 2013. Informal feedback from this is positive. A formal report will be brought back to the Governing Body in due course.

#### Mersey Care:

- ✓ A CQC inspection was held last week for people detained under the Mental Health Act. Positive informal feedback has been. A formal report will be brought back to Governing Body at a later stage.

## Planning and Contracting:

- ✓ The 14 February deadline for submission of the 2 Year draft Operational Plan, Better Care Fund Submission and Activity Plans was highlighted. It was noted that deadlines have been met and positive feedback received from the NHSE Area Team.

The Local Authority Director of Adult Services and Health reported that the Better Care Fund submission was, in terms of the North West, seen as an exemplar submission.

## Contracting Process:

- ✓ It was noted that this process was still ongoing with the next major deadline 4 April for submission of the final Operational Plan and Better Care Fund.
- ✓ Headlines on the 5 Year Strategy will be given at the Extraordinary Governing Body meeting on the 26 March to focus on the planning outcomes and to give some assurance that those outcomes are happening at a premium level with work being led by Governing Body.

The Chair noted that the signing of contracts was a formal process, and there would be no immediate impact upon patients whether contracts were signed or not.

## Director of Public Health:

The Chief Officer informed members of the imminent retirement of the Director of Public Health, Dr Paula Grey, at the end of March. The Chief Officer thanked Dr Grey for her assistance over the years and flowers were presented on behalf of the Board.

## **The NHS Liverpool CCG Governing Body: Noted the Chief Officer's update**

## **2.5 NHS England Area Team**

The Medical Director from NHS England Merseyside Area Team updated the Governing Body:

- ✓ Process for Quarter 3 Assurance Meetings – Work is currently ongoing to look at preparation prior to meetings to ensure this is an informative process.
- ✓ The Internal Audit Team from NHSE - will visit Merseyside during the quarterly assurance meetings and will look at the assurance process.
- ✓ Better Care Fund/GGC/LA: No exception reporting from Merseyside as all submissions fit criteria.
- ✓ The appointment of the new CEO for NHSE commencing 31 March 2014 was highlighted.
  
- ✓ Quality Improvement Schemes: All but one CCG has submitted their plans. Feedback will be given about certain aspects and information may be requested regarding evaluation components e.g. patient involvement and experience.

**The NHS Liverpool CCG Governing Body:**

- **Noted the update from NHS England Merseyside Area Team**

## **2.6 Public Health Update - Verbal**

The Director of Public Health updated the Governing Body:

- ✓ Teenage Pregnancy figures received indicate good progress being made in Liverpool with a 38% reduction in 16 – 18 year old pregnancies and a drop between 2011/12.
- ✓ Liverpool and Halton were successful in becoming a 'Local Alcohol Action Area' with support and resources from Public Health England.

### **The NHS Liverpool CCG Governing Body:**

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

## **2.7 Feedback from the Health and Wellbeing Board:**

The Chair advised that feedback was not available as the meeting would be held on the 13 March 2014.

## **PART 3: STRATEGY & COMMISSIONING**

### **3.1 Partnership Agreement for Liverpool - Report No GB 15-14**

The Head of Operations and Corporate Performance presented a paper on the formal Section 75 Partnership Agreement between Liverpool CCG and Liverpool City Council.

It was noted that the proposed Partnership Agreement sets out the terms of the partnership in detail and provides the framework and structure to govern individual schemes/pooled funding arrangement and directs the shape and format of any schemes that both partners and their accountable bodies decide to enter in to.

The Head of Operations and Corporate Performance highlighted that the Agreement itself was a legal document structured around the NHS Act 2006 and focussed around meeting the requirements of that Act.

The following Sections were highlighted:

➤ **Section 4 - Duration of the Agreement and Partnership arrangements:**

Ensures that the Partnership will be in place for a minimum of 3 years. This is subject to an annual review through the Health and Wellbeing Board and formal agreement by individual partners.

➤ **Section 7, 11 and 12 - Partnership arrangements covered by Partnership Schedules:**

Each of the particular schemes will complete a schedule to form an individual partnership contract agreement.

➤ **Section 17 – General Provision on overspends and underspends:**

Proposes that this will be in accordance with a simple formula agreed in the relevant Partnership Schedule and is appropriate for the particular agreement. The schedule is designed to provide flexibility.

➤ **Section 23 – Indemnity and Liability:**

Addresses the liability of Partners under the Agreement including limits on liability.

It was noted that the limits on liability of £1 did not apply to:

- negligence of a Partner resulting in death/personal injury
- partner acting beyond the agreed level of authority
- payment of any specific liquidated sum
- fraud or other serious misconduct with actual or constructive knowledge of a Partner's senior management
- where liability cannot be limited or excluded by law.

➤ **Section 25 – Contracting:**

Appointment of a host or lead for each scheme who would procure services based on the scheme of delegation and constitution.

➤ **Section 30-33 – Performance Management and Monitoring:**

Development of a performance framework. Formal reports will be submitted to the Joint Commissioning Group on a quarterly basis or monthly for more significant schemes.

➤ **Section 37 – Termination of the Agreement:**

This envisages three possible principle scenarios which would result in termination and the same procedures once termination is effected:

- Party terminating for the other's breach
- Party termination for convenience
- Termination due to the automatic end of the Section 75.

The Head of Operations and Corporate Performance recommended that the NHS Liverpool CCG Governing Body should approve the Draft Partnership Agreement and Provisional Draft Partnership Schedule with Liverpool City Council.

It was noted that this would also go through a similar process with the City Council via the Health and Wellbeing Board.

**The NHS Liverpool CCG Governing Body:**

- **Noted the draft Partnership Agreement with Liverpool City Council**
- **Noted the Draft Partnership Agreement with Liverpool City Council.**

**3.2 All Equal All Different – Report GB16:14**

The Governing Body Practice Nurse presented a report to review the current local approach to health inequalities and to make specific recommendations to enable the achievement of the LCCG vision to reduce health inequalities.

It was noted that the Health Inequalities Action Learning Group consisted of 12 members from Liverpool CCG, Liverpool City Council and the University of Liverpool and Manchester.

Consideration was given in the report as to how to reduce the health inequalities in Liverpool

The Deputy Chair noted that this was intended to be a pragmatic document to help the CCG discharge local health inequalities emerging from the work done.

The setting up of a senior committee to oversee this also sends out messages throughout the organisation to members, partners and the public that this issue is being taken seriously.

The Lay Member for Patient Engagement reiterated this in relation to working closely with the Local Authority who historically had more contacts with hard to reach groups.

The LMC Secretary noted that this was an interesting document and referred to the recommendation regarding the living wage. He queried whether the CCG Governing Body has any means to ensure that happens.

The Chief Finance Officer noted that this was a hugely important document and that it was important to ensure there was a real understanding of the issues raised. Furthermore an Impact Assessment on health inequalities would be undertaken in relation to the HLP.

The Governing Body debated the report and concluded that more consideration needs to be given to the recommendations and how they should be implemented.

It was agreed that an Update with clear suggestions would be brought back to the Governing Body in 3 months time.

The Chair commended the Health Inequalities Action Learning Group on the detail of the report and thanked them for their hard work.

#### **The NHS Liverpool CCG Governing Body:**

- **Considered the 12 recommendations highlighted in the paper**
- **Supported the use of the Action Learning model in other areas of CCG work**
- **Agreed to consider the next steps for internal and wider circulation of the report**

### **PART 4: GOVERNANCE**

#### **4.1 CCG responsibilities regarding Serious Case, Domestic Homicide and Mental Health Homicide Reviews REPORT GB17-14:**

A report was presented by the Head of Quality/Chief Nurse to inform the Governing Body of the CCG responsibilities regarding Serious Case, Domestic Homicide and Mental Health Homicide Reviews.

The report highlighted the current position of the CCG and outlined the processes involved in each of the Reviews. An overview of the current position was also given to provide assurance of the involvement in the three processes. This highlighted the CCG involvement with the local Adult and Children's Safeguarding Boards and Mental Health Reviews, and how these are reported internally via the Quality Safety and Outcomes Committee. (QSO)

The Deputy Chair welcomed the report and noted that it was helpful to have reassurance, together with minutes via the Quality Safety and Outcomes Committee to highlight the work being undertaken.

It was queried that as the CCG is statutory responsible for commissioned services, whether there was a formal process for third party assurance from organisations from whom we commission services to ensure that their audit and assurance processes are shared. In response, the Head of Quality/Chief Nurse confirmed that this was done through contractual processes which are in place, particularly around Safeguarding and the Assurance Framework that forms part of the overall contract which is submitted by providers on a quarterly basis.

It was noted that any legislative changes would need to be brought back to Governing Body to ensure the CCG meets its statutory requirements.

The Chief Finance Officer asked whether there was anything more in relation to best practice which could be done to ensure that agencies in Liverpool are linked. In response, the Director of Adult Services and Health advised that a review of the membership of the Safeguarding Board will be undertaken together with the contractual relationships between relevant organisations.

The Chief Nurse confirmed that a review of Continuing Health Care and mental health placements commissioned via CSU is currently being undertaken to try to improve the current service offer and to look at options for future service provision. Recommendations will be submitted to a future Board.

#### **The NHS Liverpool CCG Governing Body:**

- **Noted the contents of the report**
- **Noted the current position of Liverpool CCG with regard to the 3 processes.**

#### **4.2 Liverpool Women's Hospital Report - Report GB18-14**

A report was presented by the Head of Quality/Chief Nurse to update the Governing body on the ongoing Quality Review process with the Liverpool Women's Hospital following a whistle blowing incident which was highlighted to the CQC and NHSE

Merseyside, and to update on the activity to support quality improvement.

The report provided evidence of the progress being made across the organisation at both organisational and individual service provider level.

The Head of Quality/Chief Nurse highlighted that following the Quality Review visit in March 2013 various actions had been taken by the Trust including the introduction of an electronic investigation ordering system to follow up test results, recruitment of additional staff, and positive work has been done around the management and governance of the SUI process. The Trust had also evidenced the progress made in terms of embedded learning from incidents within the Trust and the clinical accountability in moving this forward.

The Trust has worked well with commissioners and had been open and transparent and welcoming in their input. A further Quality Review visit will be undertaken in Summer 2014 with monitoring of the progress in the interim being undertaken by the CPQG reporting to the Quality Safety and Outcomes Committee and the Mersey Quality Safety Group.

It was noted that from a CCG perspective the Quality Review process was positive and has enabled a grounded and informed review of the Trust.

#### **The NHS Liverpool CCG Governing Body:**

- **Noted the contents of the report**
- **Noted the process to support quality improvement at Liverpool Women's Hospital**

## **PART 5: PERFORMANCE**

### **5.1 Performance Report – Report no GB 19-14**

The Head of Operations & Corporate Performance presented a report on the key aspects of the CCG's performance in the delivery of quality, performance and financial targets for 2013/14.

He highlighted:

- Healthcare Acquired Infections –10 further incidences of C Difficile were reported in January, a similar growth figure to the previous month, giving a total year to date of 144 which is significantly higher than the tolerance level of 91. (6 community acquired and 4 hospital acquired)

Two new cases of MRSA were reported at the Royal Hospital during January 2014, although community acquired, giving an overall total of 12 against the zero tolerance.

- Cancer –The improving picture for waiting times overall has been maintained. An issue with LHC and a small number of patients referred for treatment was highlighted
- Stroke – A slight improvement of 78.7% against the target of 80% was highlighted. However, problems continued at Aintree hospital in December with only 10 of 18 patients receiving care in the Stroke Unit.
- A&E 4 hour target – Cumulatively up to the end of January the CCG target at 95.7% was met, however performance at the Royal Hospital fell to 93.8%. Following a formal contract query under the standard terms of the national NHS contract the Urgent Care Team continues to work with the Trust to support their remedial action plan. This has been rejected by the CCG and is being taken through the contractual process.

The Royal has taken part in a 'Fresh Start' exercise involving the whole organisation to seek new ways of working to improve performance and achieved 97.7% during that week. Year to date figure is 94% with an estimated likely year end position of 93.8%.

Aintree's performance slipped in February with all 4 weeks failing target which has negatively impacted on their position. At the present time 95.3% is anticipated.

However the CCG should achieve 95.5% when Alder hey is included.

- **Diagnostics:** A slight deterioration in performance was reported in January with a further increase in delays in diagnostic tests with 9.16% of patients waiting over 6 weeks against the target of 1%.

A contract query has formally been issued to the Royal by Commissioners and colleagues are going through the remedial action plan which has been re submitted. Assurances received from the Trust to remove the back log and make signification improvements by January has not been achieved. Further steps have been taken e.g. ultra sound from the private sectors is still showing unacceptable levels of patients waiting over 6 weeks.

- **Quality Risk Profile:** February demonstrated that Mersey Care had improved against outcome 6 (Co-operating with other providers) resulting in the Trust risk estimate improving from high yellow to low yellow rating.
- **Patient Safety:** 14 new patient safety incidents were reported in January. There were no never events reported.
- **Legacy SUIs:** Thirty still remain outstanding.
- **SUIs April 2013 – February 2014:** A significant increase in SUIs reported at LCH was highlighted which related to

their reporting mechanisms and the recording of pressure ulcers. Of the 74 outstanding SUIs the majority related to pressure ulcers. A summary report is being prepared which will be submitted to the quality team.

The Head of Quality/Chief Nurse noted that there were some issues around working processes agreed between previous commissioners and providers around pressure ulcer reporting.

Dr Lemmens commented how impressed she was with the investigation and reporting done by the Head of Quality and the Quality Team. The Chair congratulated the Team of behalf of the Governing Body for the work done.

- CCG Financial Position: This is currently on track to deliver year end target.

The Matchworks Locality Chair referred back to the 4 Hour A & E target . He advised that as additional support both financially and managerially had been offered it was felt that there was no choice but to issue a contract query until the remedial action plan was robust enough. A contract penalty of £410k could be applied to the Royal.

The impact of GP Prescribing on HCAs will be brought back to Governing Body in terms of what needs to be done to address this.

#### **The NHS Liverpool CCG Governing Body:**

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

## **5.2 Corporate Risk Register – Report GB20-14**

A report was provided by the Head of Operations and Corporate Performance to update the Governing Body on the position of the Corporate Risk Register and Assurance Framework.

A Risk Register was provided which highlighted the risk, current controls, assurance in controls and actions to ensure controls are adequate or are being monitored well

The following risks were highlighted and updates given:

- C003 – NHS 111 Services: New clinical governance arrangements were recently introduced including the introduction of single combined Merseyside Assurance Group . Substantial improvement in the quality of the service delivery and monitoring of the service has been seen after being taken over by NWAS.
- C014: Continuing Health Care: CSU has been commissioned to manage the issue around restitution of outstanding continuing health care cases retrospective claims, extended to the end March.
- CO17: Winter: North Mersey Urgent Care Group, chaired by Dr Lemmens will undertake a review of Winter in early April 2014 to inform the CCG on actions taken, impact and lessons learned.
- CO19: Better Care Fund: A joint submission was well received by NHSE.
- CO20:Development of a 2 Year and Five Year Commissioning and Investment Strategy to 2018/19: Draft Plans have been submitted with formal submission of the draft 5 year plan at the 26 March extraordinary Governing Body

It was highlighted that the following new risks were now included in the Corporate Risk Register:

- CO24: Implications of the CQC Inspection of LCH
- CO25: Signing of contracts with providers by the end March 2014

It was agreed that the Royal A & E performance would also be included in the Risk Register .

It was confirmed that an update of the Risk Register would be presented to the Governing Body on a bi-monthly basis.

**The NHS Liverpool CCG Governing Body:**

- **Noted the revised and updated risk register and the actions underway to mitigate the risks identified.**

**6 QUESTIONS FROM THE PUBLIC**

A member of the public queried how many full time GPs had been recruited at Princes Park Health Centre since April 2013.

The Chief Officer confirmed that as this was not a CCG contract this information was not available and that the query had been forwarded to NHSE Merseyside for a response.

The Chief Officer advised that the CCG does have a responsibility for the quality of Primary Care Services and to ensure we work with NHSE to ensure quality of services.

The Head of Primary care confirmed that work is still ongoing with NHSE to ensure that SSP practices are supported and quality issues are dealt with.

**7 Date and time of next meeting:**

Tuesday, 26 March 2014 at 1.00 pm, Boardroom, Arthouse Square.