

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 13TH MARCH 2018 2.30pm
BOARDROOM LIVERPOOL CCG, 3RD FLOOR THE DEPARTMENT

PRESENT:

VOTING MEMBERS:

Dr Simon Bowers	Chair
Jan Ledward	Interim Chief Officer
Dr Fiona Lemmens	Clinical Vice Chair
Helen Dearden	Lay Member for Governance/Non Clinical vice Chair
Jane Lunt	Head of Quality/Chief Nurse
Mark Bakewell	Acting Chief Finance Officer
Dr Fiona Ogden-Forde	GP
Dr Maurice Smith	GP
Dr Shamim Rose	GP
Dr Stephen Sutcliffe	GP
Sally Houghton	Lay Member for Audit/Financial Management
Dr Monica Khuraijam	GP
Dr Janet Bliss	GP
Dr Donal O'Donoghue	Secondary Care Doctor
Gerry Gray	Lay Member for Financial Management
Ken Perry	Lay Member for Patient & Public Involvement

NON VOTING MEMBERS:

Dr Rob Barnett	LMC Secretary
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Sandra Davies	Director of Public Health
Tina Atkins	Practice Manager Member

IN ATTENDANCE:

Ian Davies	Chief Operating Officer
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Stephen Hendry	Senior Operations & Governance Manager
Carole Hill	Healthy Liverpool Integrated Programme Director
Cheryl Mould	Primary Care Programme Director
Lynn Collins	Chair of Healthwatch
Sue Rogers	Assistant Director Adult Services – Strategic integration, Adult Social Care & Health
Paula Jones	Committee Secretary/Minutes

APOLOGIES:

Dr Paula Finnerty	GP – North Locality Chair
Dr Jamie Hampson	GP – Matchworks Locality Representative
Kerry Lloyd	Deputy Chief Nurse
Derek Rothwell	Head of Contracting, Procurement & Business Intelligence
Dyanne Aspinall	Interim Director of Adult Services & Health, Liverpool City Council (Sue Rogers representing)

Public: 22

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made around the table. In particular he welcomed the newly appointed Lay Member for Governance/Non Clinical Vice Chair, Helen Dearden and the newly appointed Lay Member for Patient &

Public Involvement, Ken Perry to the meeting. He congratulated the Interim Chief Officer on her appointment to the permanent position, this was still subject to final endorsement by NHS England, Liverpool CCG was delighted with the appointment.

The Chair took the opportunity to spend a minute in silence to commemorate the life and work of Mr Sam Semoff. Mr Semoff had passed away soon after the last Governing Body meeting in January 2018. Mr Semoff had worked tirelessly in holding public services to account and representing those not always heard, he maintained a polite and dignified manner in his interactions with all parties. He would be missed by us all.

1.1 DECLARATIONS OF INTEREST

The GP practice members present declared an interest in any discussion around the performance of Capita in providing Primary Care Support Services as commissioned by NHS England. No decisions were required to be taken therefore they were free to participate in the discussion and provide feedback on their experience as service users.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 9th January 2018 were confirmed as an accurate record of the discussions which had taken place.

1.3 MATTERS ARISING from previous meeting not already on the agenda:

- 1.3.1 Action Point One – it was noted that the changes requested by the Acting Chief Finance Officer about the underlying financial position had been made.
- 1.3.2 Action Points Two, Three and Four – it was noted that these were covered in the Performance Report. The Clinical Lead for Planned Care advised that she had checked if the shortage of radiographers at the Royal Liverpool Hospital

impacted on MRI Scan demand, it was noted that there were medical staff vacancies as well as radiographers so this would have an impact although she had no further information.

- 1.3.3 Action Point Five – the Chief Nurse/Head of Quality updated the Governing Body that she would bring the output from meetings with all parties re the implementation of changes to the local safeguarding arrangements in light of the Children and Social Care Act by April 2018 to the Governing Body when available.
- 1.3.4 Action Point Six – it was noted that the Circumcision Policy from the suite of Criteria Based Clinical Treatment Policies was on today's agenda.
- 1.3.5 Action Point Seven – it was noted that the amendment of title to C018 to refer to the merger of the two acute trusts was included in the Corporate Risk Register which was on the agenda.
- 1.3.6 Action Point Eight – it was noted that the amendments to the Governing Body Terms of Reference had been made.
- 1.3.7 Action Point Nine – it was noted that the proposed Terms of Reference for the North Mersey Joint Committee of Clinical Commissioning Groups would be presented to the formal Governing Body meeting on 8th May 2018.
- 1.3.8 Action Point Ten – it was noted that the Terms of Reference for the proposed North Mersey Joint Committee of Clinical Commissioning Groups had been discussed at the Committees in Common meeting on 9th February 2018.

PART 2: UPDATES

2.1 Feedback from Committees – Report No: GB 09-18

The Chair asked for reporting from the committees to be by exception only where there were issues for the particular attention of the Governing Body as full information was contained in the paper.

- Quality Safety & Outcomes Committee – 23rd January, 6th February and 6th March 2018:
 - ✓ As per template.
- Finance Procurement & Contracting Committee – 23rd January and 27th February 2018:
 - ✓ As per template.
- HR Committee – 30th January 2018:
 - ✓ As per template.
- Audit Risk & Scrutiny Committee – 2nd March 2018:
 - ✓ As per template.
- Committees In Common – 9th February 2018:
 - ✓ As per template.
- Healthy Liverpool Programme Board – 31st January 2018:
 - ✓ As per template.

The NHS Liverpool CCG Governing Body:

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

2.2 Chief Officer's Report - Report No: GB 10-18

The Interim Chief Officer updated the Governing Body:

- Kirkup Report: the report was contained in the Governing Body papers pack and made alarming and disappointing reading. A future Governing Body Development Session would be dedicated to considering the lessons learnt and for the CCG to consider how we were assured that this could not happen again.

- Emerging consultation with Cheshire & Merseyside Health & Social Care Partnership around transformation funding. The proposal was that each CCG would contribute 0.25% of its allocation. This was still a work in progress and not yet agreed, the CCG Governing Body would need to consider its position given this was voluntary at this stage. The Interim Chief Officer would keep the Governing Body informed.

The Liverpool City Council Cabinet Member asked if contributing to this fund was on a voluntary basis or mandatory. The Interim Chief Officer replied that we had been asked rather than instructed, NHS England expected our support but it was Liverpool CCG's decision.

The Chair raised his concerns at this resource being taken out of Liverpool when the emphasis from the Cheshire & Mersey Partnership was based on a 'place' approach.

The NHS Liverpool CCG Governing Body:

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

2.3 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ The Governing Body was asked to continue to support the Stop Smoking initiatives. Smoking prevalence had dripped but Liverpool remained higher than the national average. Those people currently attempting to stop smoking were finding increasingly more difficult.
- ✓ Alcohol – the Drink Checker was online and approximately 10,000 people had completed it over the last six weeks.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

2.4 Feedback from Health & Wellbeing Board 11th January 2018 - Verbal

There was nothing specific to feedback to the Governing Body.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 Finance Update January 2018 – Month 10 2017/18 – Report No: GB 11-18

The Acting Chief Finance Officer presented an update of the CCG's financial performance for January 2018 (Month 10) to the Governing Body.

He highlighted:

- In line with previous months, the Month 10 (January) position (subject to mitigation of a number of financial risks) remained on track to deliver NHS England Business Rules at the end of the financial year, for clarity this was the equivalent of a 2% cumulative surplus equivalent to £16.4m with a small in year surplus planned position of £86k. An additional 0.5% was also held in reserve per the business rules.
- A summary of the financial performance indicators were included reflecting the combination of business & planning guidance rules and effectiveness indicators with the majority self-assessed as 'Green'
- The CCG continued to experience performance pressures but improvements from previous months in line with anticipated trajectory against planned levels, the deficit of £0.58m as at January (compared to £1.024m at Month 9) was rated as 'amber'.

- The CCG's Cash Releasing Efficiency Savings requirements as per the agreed financial plan assumptions were highlighted. £26.2m of planned savings were assumed for the financial year, the current assessment indicated a forecast saving of £21.9m at the end of year resulting in a variance of £4.2m (£21.9m at month 8).
- The risks to delivery of the Cash Releasing Efficiency savings were highlighted as over-performance at Non Acting as One contracts (Spire and St Helens), Continuing Health Care costs and out of hospital demand led expenditure.
- The CCG's Statement of Financial Position cash targets had been adversely affected by receipt on the last day of January 2018 of two substantial sums, one from NHS England and one from Liverpool City Council which took the CCG over the cash target levels for the month. This was for noting, they were not anticipated so difficult to plan for.

The Governing Body commented as follows:

- The Liverpool City Council Cabinet member asked how the financial performance of our provider trusts impacted on the CCG. The Acting Chief Finance Officer responded that NHS Improvement monitored provider trusts and NHS England monitored the CCGs. It was correct that the provider sector nationally (as well as locally) was over-spending on its allocation and commissioners were under-spending so this would be offset at the end of the year, one mechanism for this was the return of the 0.5% reserve. There had indeed been some deterioration in the provider position locally which was to be expected at this time of the year. Locally the Royal Liverpool Hospital's position had deteriorated since December 2017 but we were holding the line with regard to our breakeven position. The next four to six weeks would reveal the extent of the effect on the overall health economy.

- The Liverpool City Council Cabinet Member referred to cash problems in local providers (i.e. the Royal Liverpool Hospital and Aintree Hospital) and whether these were signs of distress and asked if cash management was reflective of the underlying financial position. The Local Medical Committee Secretary referred to the financial risk attaching to increasing levels of activity from none Acting As One contract providers. The Acting Chief Finance Officer explained that a strategy had been set out at the beginning of the year. The activity levels in year had not followed the expected levels, driven in part by patient choice and lower waiting times at the none Acting As One contract providers. Just to confirm however payment for activity at non Acting As One providers was at national tariff, the 2018/19 position would reflect this trend increasing.

The NHS Liverpool CCG Governing Body:

- **Noted the current financial position and risks associated with delivery of the forecast outturn position.**
- **Noted the stated assumptions regarding proposed recovery solutions to deliver the required business rules based on current forecast outturn assumptions.**

3.2 CCG Corporate Performance Report – Report No: GB 12-18

The Chair introduced the CCG Corporate Performance Report explaining that in future it would focus on quality and safety rather than performance. The Senior Operations & Governance Manager continued and highlighted:

- Diagnostic six week waits – performance had improved over the last three months, there remained a small backlog at the Royal Liverpool Hospital. The trust was on track re progress against the Recovery Plan and this was monitored on a weekly basis. There were longer

waits for endoscopy than would have been preferred but this had been improving. The total number of breaches had reduced from 1,400 to 600 and the length of waits had reduced from 60 days to 48 days. The trajectory was to be back on track by mid-March. It was expected that Quarter 1 data for the 2018/19 financial year would demonstrate this improvement.

- Referral to Treatment: the backlog had grown by 100 but this was mostly due to things outside of the CCG's control such as the cancellation of elective operations, winter pressures and emergency admissions therefore the Governing Body could be assured that everything possible was being done.

The Chief Operating Officer continued:

- North West Ambulance Service: there had been a small improvement in performance around Category One calls. The May 2018 Governing Body Performance Report would contain the North West Ambulance Service Recovery Plan.

The Governing Body commented as follows:

- The Chair referred to the “green shoots” of improvement at the Royal Liverpool Hospital around Diagnostics waits and asked for confirmation, which was given, that the Trust was fully sighted on this. The Senior Operations & Governance Manager confirmed that this was the case and that performance was sustainable.
- The Local Medical Committee Secretary raise several points:
 - He was not satisfied with the improvement in performance of the North West Ambulance Service.
 - Waiting times for ECG access were too long.
 - Eating Disorders – there were concerns from colleagues about how Eating Disorders Services were managed.

The Chair agreed that the matter of ECGs would be picked up outside the meeting and information provided to the Local Medical Committee Chair by the end of the week.

The Chief Operating Officer shared the concerns raised over the performance of the North West Ambulance Service. The effects of the changes contained in the Ambulance Response Programme had been under-estimated. The Trust needed to look at vehicle staffing mix, focussing on Category One and Two calls. The Liverpool City Council Cabinet member commented that there appeared to be a significant increase in demand from October 2017 onwards and did staffing numbers need to be increased. The Chief Operating Officer responded that in actual fact the Trust was below the expected plan for incidents for the year, the increase related to the number of calls.

The Healthwatch Chair commented on Eating Disorders and noted that Healthwatch were involved through the Health & Wellbeing Group. Healthy Liverpool Programme Director - Community Services & Digital Care agreed to liaise with Healthwatch about this.

The NHS Liverpool CCG Governing Body:

- **Noted the performance of the CCG in the delivery of key national performance indicators for the period and the recovery actions taken to improve performance;**
- **Determined if the levels of assurances given are adequate in terms of mitigating actions, particularly where risks to CCG strategic objectives are highlighted.**

PART 4: STRATEGY & COMMISSIONING

4.1 Criteria Based Clinical Treatment Policy - Circumcision – Report No: GB 13-18

The Planned Care Clinical Lead/GP Governing Body Member presented a paper to the Governing Body which provided further assurance regarding the proposed changes to the Circumcision Policy.

The Policy had been discussed at the January 2018 meeting where the Governing Body had requested further assurance in respect of safeguarding and legal requirements. She referred to a typographical error in section 4 of the paper which should refer to many CCGs ceasing to fund non-therapeutic circumcision not therapeutic.

The Governing Body were satisfied with the further clarification and commented on the quality of the report produced by the Service Implementation Manager – Planned Care.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the report**
- **Agreed to the ratification of the circumcision policy for inclusion in provider contracts as part of Suite one and two policy review.**

4.2 Strategic & 2018 Operational Plan:

4.2.1 One Liverpool: 2018-2021 - Report No: GB 14-18

The Chair introduced the paper on the One Liverpool Plan noting that it was not only the Liverpool CCG Plan but also involved the Local Authority. Provider and Local Authority colleagues had informed the detail. The 2018/19 operational aspect of the plan would be brought to the Governing Body in May 2018.

The Healthy Liverpool Integrated Programme Director presented the plan, noting that it was indeed a whole system plan across both health and social care to deliver services

which would deliver improved outcomes, quality and be financially sustainable. The aims were:

- A radical upgrade in population health and prevention.
- Integrated community services (including primary and social care).
- Sustainable acute and specialist services.

This was still a very high level Strategy, the key areas for focus for the health economy were Cancer, Cardiovascular Disease and Respiratory and Mental Health. The challenges were set out in the plan and the learning from Healthy Liverpool had been taken into account. A detailed delivery plan for 2018/19 would be brought back to the Governing Body in May 2018. The CCG had developed an evidence base and process to determine priorities based on the work already done. The Healthy Liverpool Programme would evolve into One Liverpool as we did not want to lose what had already been achieved in areas such as care homes, telehealth, cardiology re-design and the aim was to deliver person-centred care and work collaboratively with all partners.

The Governing Body commented as follows:

- The Secondary Care Clinician noted the impact on quality of life and life expectancy of mental health.
- The Physical Activity Clinical Lead was delighted to see the emphasis on prevention in the plan and noted the significant difference which physical activity made, it was important to keep whatever had been achieved in the past and build on it rather than start again from the beginning. He felt that the GP Five Year Forward View priorities were difficult to realise so rather than repeat them Liverpool needed to set out its own aims for primary care and the commissioning of services.
- A GP Member felt that the governance in the plan needed to be stronger regarding the relationship with providers as Liverpool CCG still maintained the statutory responsibility for the commissioning of health services. The Interim

Chief Officer responded that there was a governance structure set out in the plan was for how the system would work together, whilst acknowledging that the statutory responsibility for commissioning remained with the CCG. This was a different approach, and primary care needed to have a significant presence therefore the GP Federation was to be involved. The Chair agreed that the CCG was not delegating its responsibilities.

- The Chair of Healthwatch referred to public involvement in the Plan and informed the Governing Body that Healthwatch's contract had been extended for a further two years so would be involved.
- The Lay Member for Financial Management referred to a disjoint between the strategic plan and financial plan and the need to ensure that when the operational plan was produced that there was a clearer alignment.
- The Lay Member of Patient & Public Involvement welcomed the report and felt that the whole system view was correct and asked who would be involved from the public and patients and also requested assurance re governance. The Interim Chief Officer responded that the plan was strategic and indicated what we wanted to do and achieve over three years. With regards to engagement with the public there needed to be an ongoing conversation with the public rather than a "stop and start" approach.
 - The Local Medical Committee Secretary referred to the need for GP representation at provider alliance meetings and any Estates Forums and the referenced problems and under-utilisation and the larger issue of the new Royal Liverpool Hospital. The Chair responded that he and the Interim Chief Officer would raise this with the provider alliance. The Interim Chief Officer noted that this would be raised at the Cheshire & Merseyside Partnership and directly with Andrew Gibson the Independent Chair of the Sustainability & Transformation Plan. The Chair noted that there had

been a great deal of support for the direction of travel and for the future of Primary Care.

The NHS Liverpool CCG Governing Body:

- **Approved the One Liverpool Plan;**
- **Noted the actions to develop detailed plans in collaboration with partners**
- **Approved the refreshed operational plan targets for 2018/19**

4.2.2 Financial Planning Update – Report No: GB 14-18a

The Acting Chief Finance officer presented a paper to the Governing Body which provided an update to the Governing Body on the requirements and assumptions in respect of the 2018/19 financial year in line with NHS England Business Planning Rules.

The document included relevant resource and expenditure assumptions and a proposed targeted approach to setting expenditure budgets.

The Key Elements from the Paper were highlighted as follows:

- Business Rules - All CCGs were required to aim for an 'in- year' breakeven position.
- The requirement for the Liverpool CCG was to maintain as a minimum its 'in- year' break even position for 18/19 financial year and to also hold 0.5% contingency.
- In a change to previous assumptions and based on updated planning rules, the requirement for CCGs to hold a 1% 'headroom' had been lifted and would support the overall financial plan of the CCG.

- NHS England issued updated planning guidance in early February 2018, updating the requirements of the 'Next Steps on the NHS Five Year Forward View'.
- Underlying 2018/19 CCG programme allocations remained unchanged from those published in January 2016, but baseline values had however, been amended to take account of locally agreed adjustments and changes from non-recurrent to recurrent allocations for NHS Property Services market rents funding, specialised services identification rules and HRG4+ impact.
- On top of these allocations, CCGs had been allocated a share of an additional £600 million national core programme funding. This had been distributed in proportion to the CCG's fair share target allocations and equated to an additional £6.2m for Liverpool.
- The paper detailed the likely expenditure required for 18/19 financial year. The impact of these assumptions suggested that our expenditure exceeded available resources by £6.43m.
- The paper contained further information on specific programme areas.
- The resulting savings gap based on these assumptions would therefore be the same £6.43m and the proposed approach was outlined.
- The savings requirement was equivalent to 0.7%, this was lower than in previous years due to the recurrent savings that had been achieved in both 2016-17 and 2017-18 financial years and the stability provided by the 'Acting as One' Contract. The changes in the planning rules regarding the national headroom had also helped keep our savings requirement lower than previous levels.
- Cash Releasing Efficiency Savings ('CRES') plans were being finalised and would be subject to amendment based on further information from the implementation of

planning guidance and provider contract discussions and would support and align with the 2018/19 operational plans.

- There remained some financial risks as outlined which would be monitored and plans updated to reflect any potential changes as appropriate.
- Appendices were included with regards to individual cost centres and respective budget delegation.

The Lay Member for Financial Management did not think that the CRES savings target was ambitious enough and asked about the fallout from Carillion. The Acting Chief Finance Officer responded 0.7% was what was required to deliver Business Rules, however this was likely to change as we developed our operations plan and gained further clarity on the allocation and Cheshire & Mersey Transformation Fund. With regards to Carillion, there was no direct consequence to the CCG and the matter was being managed through the hospital company, the consequence would be on the Royal's financial position for the next financial year. There had been no approach as yet from the Royal Liverpool Hospital to move away from the "Acting As One" contract.

In response to a query from the Lay Member for Patient & Public Involvement around assurance required for the delivery of savings and levels of responsibility for delegated budgets with Senior Managers, the Acting Chief Finance Officer commented that the 2016/17 savings had come from the CCG's planning and commissioning teams. With regard to the Scheme of Reservation and Delegation there were several layers from Senior Management Team Member down to their Team (individual budget holders). The overall responsibility lay with the Governing Body and the Accountable Officer.

The Interim Accountable Officer advised that the governance structures within the CCG were being reviewed this year and with this the Scheme of Delegation. Lay Members would be involved in this review alongside other Governing Body members.

The Lay member for Governance wanted to know if there was enough flexibility in the budget. The Acting Chief Finance Officer reminded the Governing Body that this was their budget and felt that efficiency requirements of less than 1% (this was 0.7%) were good, he reminded the Governing Body that the CCG also had the 0.5% contingency to consider as well. Acting As One Contracts provided stability through to 2018/19 .

The NHS Liverpool CCG Governing Body:

- **Noted the resource limit and expenditure assumptions required in order to deliver Business Planning Rules in respect of surplus, headroom and contingency**
- **Noted the CCG expenditure assumptions in each of the respective programme areas**
- **Noted the required savings assumptions for the financial year.**
- **Approved Delegation of Budgets to Senior Management Leads (with subsequent delegation to next level of hierarchy as appropriate) with sign off achieved before the start of financial year.**
- **Approved submission of final financial planning returns on the basis of the assumptions included within this paper to NHS England with identified risks and mitigations.**

4.3 Liverpool Safeguarding Children's Board and Safeguarding Adults Board Annual Reports 2016/17 – Report No: GB 15-18

The Head of Quality/Chief Nurse presented a paper to the Governing Body highlighting the work undertaken by the Safeguarding Children Board and Safeguarding Adults Board via the respective annual reports for 2016/17. She highlighted:

- The CCG needed to be assured of the ongoing safeguarding arrangements, not just in the CCG but within provider trusts as well.

- As part of partnership working the Safeguarding Adults Board had expanded to become the Knowsley, Liverpool, Sefton & Wirral Safeguarding Adults Board.

The Lay Member for Audit asked about crossover between the Children's and Adults' Boards and Ofsted recommendations. The Head of Quality/Chief Nurse responded that transition from children's to adults' services was a key area of focus and the safeguarding boards and the City Safe Board were aligned on this priority, embedding learning and sharing resource. The Interim Chief officer commented that there was no Ofsted type inspection for adult services, however the Chief Nurse noted that Liverpool City Council Colleagues had been subject to a peer review and recently the Care Quality Commission had carried out a "Whole System" review that focussed on older adult services.

The NHS Liverpool CCG Governing Body:

- **Noted the contents of the Safeguarding Children Board and Safeguarding Adults Board Annual Reports 2016/17.**

4.4 Continuing Healthcare Retrospective Reviews – Report No: GB 16-18

The Head of Quality/Chief Nurse presented a paper to the Governing Body to consider retrospective reviews of Continuing Healthcare ('CHC'). The CCG had asked other Clinical Commissioning Groups for information about their approach to opening up retrospective reviews to allow us to carry out a benchmarking exercise to assist the Governing Body to make an informed decision regarding the processing and application of retrospective reviews from April 2012.

Retrospective claims for continuing healthcare funding were one of the most significant challenges facing clinical commissioning groups with a previous deadline for completion by 31st March 2013. These claims related to periods of care where patients had been assessed and considered to be not eligible for CHC. There was a National framework in place to

ensure fair and consistent approach and thereby (if eligibility criteria were met) ensure access to funding. As referenced in the January 2018 Governing Body report, Liverpool CCG had a total of 14 Previously Unassessed Periods of Care ('PuPoC') claimed which continue to be processed in accordance with the national framework and a total of 38 new retrospective reviews received to date from April 2012.

To date, a total of 102/166 Clinical Commissioning Groups had responded to the Freedom of information request from Liverpool CCG, with the majority reporting they had accepted and processed claims relating to periods post April 2012. A summary of the outcome is as follows: -

(a) A total of 10 CCGs had **not accepted** claims relating to periods post April 2012.

(b) A total of 90 CCGs **had accepted** claims relating to periods post April 2012.

(c) A total of 2 CCGs responded to the request to report that the information was not available and to contact other providers and statutory bodies to obtain this information.

Taking into consideration all of the above, it was considered that Liverpool CCG ('LCCG') had two options that were detailed in the report.

As stated in Section 3 of the report, LCCG currently had a total of 38 case reviews. If the typical successful conversion rate for reviews of 30% (as stated in Section 5) was applied, this could result in a cost to LCCG of approximately £1.5m (£2,600 per case to review of 1,590 cases post April 2012 and applying a potential conversion rate of being eligible for funding of 30%) in 2018/2019. This was a cost which was not currently factored into the financial planning and would therefore need to be found at the expense of other planned areas of expenditure. In fact this was a conservative estimate of cost to the CCG and could potentially be much higher. It was noted that there were many legal firms offering "no win no fee" deals in the area of PUPoC.

The Lay Member for Financial Management agreed that this was a potential “Pandora’s Box”. The Interim Chief Officer agreed and commented that the CCG needed to make an informed and conscious decision. The Head of Quality/Chief Nurse highlighted that one risk was that the CCG would receive a Judicial Review.

The NHS Liverpool CCG Governing Body:

- **Approved the continuation of Option (2) in that LCCG advised claimants that LCCG would not be reviewing claims outside of the mandated time period, unless national policy changed to this effect.**

PART 5: GOVERNANCE

5.1 Corporate Risk Register Update– Report No: GB 17-18

The Chief Operating Officer presented the Corporate Risk Register to the Governing Body and highlighted:

- Extreme and Static Risks:
 - Four hour A&E waits – C029 and C035
 - Waiting times for Adult ADHD services – C071.
 - Diagnostic waits at the Royal Liverpool Hospital – C073.
- Risks Recommended for removal:
 - C088 Staffing Levels within the Quality Team – this Team was now at full capacity.
- New Risk:
 - C074 Failure to provide emergency ambulance responses that met the national Ambulance Response Programme targets. Proposed changes to the structure going forward would come to the Governing Body for approval in May 2018.

The Governing Body commented as follows:

- The Local Medical Committee Secretary referred to Risk C041a Primary Care Support Services and commented that this was more complex than stated on the Risk Register as many practices had concerns around pension payments. NHS England nationally had withdrawn support for Capita so the situation was deteriorating with not sign of improvement in sight.

The NHS Liverpool CCG Governing Body:

- **Noted the new risk (CO74) that has been added to the Corporate Risk Register;**
- **Noted the risk (CO66) that has been recommended for removal from the Corporate Risk Register;**
- **Satisfied itself that current control measures and the progress of action plans provide reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflect the level of risk that the CCG is exposed to given current controls and assurances.**

5.2 Governing Body Assurance Framework Update (Quarter 3 2017/18) – Report No: GB 18-18

The Senior Operations & Governance Manager updated the Governing Body on the changes to the CCG's Governing Body Assurance Framework. This was the first year the Framework had been used:

- GBAF 002 Inadequate CCG governance arrangements and decision making structure leading to non-compliance with statutory requirements for probity (e.g. management of conflicts of interest) and consequential reputational or financial damage – the three new Lay Members had been recruited and were in position Chairing the various committees of the Governing Body. Mersey Internal Audit's Draft Opinion stated that significant progress had been made against the Audit Plan re Conflict of Interests.

- As risks decreased the assurance rating would increase at the end of the financial year. The May 2018 Governing Body meeting could expect to see a close down of the 2017/18 Governing Body Assurance Framework and a restart for 2018/19.

The NHS Liverpool CCG Governing Body:

- **Noted the Governing Body Assurance Framework presented ('GBAF');**
- **Satisfied itself that current control measures adequately mitigate the respective risk areas;**
- **Confirmed that evidence of mitigation plans and actions presented provide a limited/reasonable/significant assurance rating against the specific risk;**
- **Identified any further principal risks to delivery of the Strategic Objectives for inclusion within the GBAF.**

5.3 Chair's Action – NHS England Allocation of Winter Monies to Primary Care – Report No: GB 19-18

The Chair presented a report to the Governing Body informing it of a decision made under Chair's actions on 19th December 2017 relating to NHS England Allocation of Winter Monies to Primary Care which was to commission Urgent Care 24 and Liverpool GP Provider Organisation to deliver a GP Extended Access pilot for a period of 8 weeks. The Service would be formally evaluated and a report presented to the May 2018 Governing Body. The CCG had been required to submit a bid for the allocated funding of £85k at short notice. All GPs, except for one, were conflicted as members of the GP Provider Organisation and had benefitted from the short term programme.

The Lay Member for Audit commented that the template required a section on how the conflict of interest had been identified a dealt with. The Primary Care Programme Director responded that an independent evaluation was being carried

out by an external organisation into the effectiveness of the Scheme and workshops would be held during April 2018.

The GP Governing Body Member who represented the only practice not a member of the GP Provider Organisation commented on the short notice given for the bid and that this should form part of an overall strategy, Winter happened every year and we should have a strategy in place so that when NHS England requested bids at short notice we should be able to respond. The Chair responded that a number of plans had been through the relevant committees and now Governing Body ratification was required.

The NHS Liverpool CCG Governing Body:

- **Formally noted the action / decision.**

5.4 Retirement Policy – Report No: GB 20-18

The Chief Operating Officer outlined for the Governing Body of the new CCG Retirement Policy which had been drafted to incorporate changes in legislation. This had been approved in principle by the CCG HR Committee for final approval by the Governing Body.

The change in the Policy now provided the ability to retire and then return to work which was a per NHS England Guidelines. It was noted that the form in Appendix 1 final page referring to the right of appeal should refer to the CCG's Grievance Policy not Flexible Working Policy.

The NHS Liverpool CCG Governing Body:

- **Approved the new Retirement Policy.**

5.5 Equality & Diversity Workforce Policy – Report No: GB 21-18

The Chief Operating Officer presented the new Equality and Diversity Workforce Policy to the Governing Body which had been recommended for approval by the HR Committee which

was Chaired by the Lay Member for Governance. He noted that a process of delegating approval of policies to the various committees if changes were minimal needed to be formalised.

The NHS Liverpool CCG Governing Body:

- **Approved the new Liverpool CCG Equality & Diversity Workforce Policy.**

5.6 Health & Safety Policies – Report No: GB 22-18

The Chief Operating Officer presented the updated suite of Health & Safety Policies to the Governing Body which had been recommended for approval by the HR Committee. Most of the changes reflected legislative changes or amendments to job titles. As per item 5.5 a process of delegating approval of policies to the various committees if changes were minimal needed to be formalised.

The NHS Liverpool CCG Governing Body:

- **Noted the amendments made to the following policies:**
 - **Display Screen Equipment Policy & Procedure**
 - **Fire Safety Policy**
 - **Health & Safety Management Policy**
 - **Incident Reporting Policy**
 - **Security Management Policy & Strategy**
 - **Violence, Aggression and Abuse Management Policy**
- **Noted the content of the new Young People at Work Policy;**
- **Agreed future ‘de minimis’ changes and updates to policies which are of a non-controversial nature, may be approved virtually by the HR Committee.**

5.7 Information Governance Policies Update – Report No: GB 23-18

The Acting Chief Finance Officer presented a paper to the Governing Body which summarised the updates to the relevant Information Governance Policies and Procedure within the financial year and which had been developed through the Information Governance Steering Group. The updates had been made in order to ensure compliance with relevant standards and in particular the general Data Protection Regulation ('GDPR') changes with effect from May 2018. Once again it was mentioned that a formal process was required on where to delegate approval of this nature of changes to policies.

The Governing Body asked how staff were made aware of the changes and the impact. The Acting chief Finance Officer responded that he was working with the Information Governance Steering Group and regular updates were published on the CCG Intranet. Each team in the CCG had its own Information Governance Asset Owner. The Acting Chief Finance Officer was the Senior Information Risk Owner and Dr Maurice Smith was the CCG Caldicott Guardian. The Acting Chief Finance Officer had provided updates to the CCG workforce at the weekly Floor Meeting. The Primary Care Programme Director added that the Staff Listening Group had also review the revised policies.

The NHS Liverpool CCG Governing Body:

- **Approved the changes and relevant updates to the CCG Information Governance Policies and Procedures.**

6. ANY OTHER BUSINESS

There were no items for discussion.

7. QUESTIONS FROM THE PUBLIC

7.1 The Chair explained that a written question had been received from Merseyside Pensioners Association in advance of the meeting and a formal written response

prepared which had been distributed to all those present at the meeting:

1. When will the consultation begin over the future of Liverpool Women's Hospital?

“Planning is underway for a formal public consultation, subject to final approval from NHS England.

The earliest date a formal consultation could begin is June 2018, due to the local elections that take place in May 2018 which impose a period of Purdah.

North Mersey CCG Governing Bodies (Liverpool, South Sefton and Knowsley CCGs) would need to formally approve proposals prior to consultation and we would also share proposals and a consultation plan with the joint North Mersey Overview and Scrutiny Committees (OSCs).

We will continue to update stakeholders, through Governing Body updates, on progress towards public consultation.”

2. When will the consultation begin over accountable care organisations?

“Liverpool will not be developing an Accountable Care Organisation.

Partners commissioning and providing health and care services in Liverpool have chosen to develop an integrated partnership supported by a single plan, which will set out how we can harness the collective influence and resources of the NHS, Liverpool City Council, the housing sector, VCSE organisations and the people of Liverpool to pull in the same direction, working to a clear vision and goals to improve health and wellbeing.

The principle of an integrated partnership is for existing local organisations to work together more closely than ever before to ensure services are better integrated for patients and with more

of an emphasis on the health of the population rather than just treating illness.

The integrated plan is called One Liverpool and will be presented at the Liverpool CCG Governing Body on 13th March 2018. The document will be published on the LCCG website prior to the meeting.

Partners are currently developing proposals for conversations to inform the One Liverpool plan, engaging staff, local people and other stakeholders. We will actively listen to patients and the public. In doing so we will be able to better meet people's needs and design local healthcare with them. "

3. Does the CCG have an ethical procurement policy?

"Liverpool CCG is responsible for commissioning and procuring healthcare services from hospitals and other providers, to meet the needs of local people. This involves contracting with existing service providers and, when required, carrying out competitive tendering processes when we think that this would allow us to improve services for patients, or when we are legally bound to do so because of procurement regulations.

The CCG has a clear responsibility to make decisions and commission services in a fair, transparent and open way, to ensure we are getting value for money and meeting the needs of our population.

The CCG has a Social Value Strategy which ensures that all commissioning and investment processes enable and achieve social value. The strategy supports the CCG to commission in ways that maximise health outcomes and value from investments, as well as supporting local economic and environmental goals. The CCG's social value strategy can be viewed from this link:

<http://www.liverpoolccg.nhs.uk/media/1078/social-value-strategy-and-action-plan-2014.pdf>

With a budget of in excess of £860m the way we spend this money can have a significant impact on the local health

economy by helping to reduce health inequalities and improving the wellbeing of the community we serve. This will be achieved by commissioning services that are appropriate and from providers best placed to provide those services.

When making purchasing decisions we need to consider the opportunities for any additional social, economic or environmental benefit that we can bring to the community whilst working within the procurement rules and principles.

The CCG will use its best endeavours to develop and utilise local providers wherever possible taking due notice of procurement rules and regulations. The location of services will be considered. For example, a very specific localised service may be best provided by a local provider.

To assist the development of providers the CCG will hold bidder development workshops to describe commissioning intentions and to give help and guidance on procurement processes, which are open to all providers.”

7.2 A Member of the public commented that the CCG was merely administering changes and cuts to health services. She also queried the use of two private companies provide services for the patient online access and that her GP practice had been unaware of these companies. The Member of the Public also asked if the CCG regretted using Private Finance Initiative (‘PFI’) to build the new Royal Liverpool Hospital.

The Chair responded that patient online services software was provided by private companies commissioned by the NHS as this type of software design/support was not available within the NHS. The Interim Chief Officer stressed that the Royal Liverpool Hospital Trust made the decision on PFI funding, it was not a decision which could be or was taken by Liverpool CCG. This was a policy decision and there was limited access to other sources of capital funding available.

- 7.3** A Member of Public reminded the Chair that he was still waiting for a response on a query raised directly with him. The Chair agreed to respond to him as soon as he could.
- 7.4** A Member of the Public asked when the new Royal Hospital would be completed. The Interim Chief Officer responded that no date had as yet been shared with the CCG.
- 7.5** A Member of the Public commented that not everyone found it easy to access online services to order repeat prescription, particularly those with mental health problems and used to request by telephone which was no longer possible (referring to a contact in the Knowsley area). She felt that this discriminated against an element of the public now that Pharmacy Ordering was ceasing. The Chair responded that he could not answer for other CCGs, however he did understand the concept of digital exclusion but the online process was simply to offer alternative ways to order repeat prescriptions, patients could still present at the GP practice to request prescriptions. He explained that ordering over the telephone could not be an option given the security/patient identification issues.
- 7.6** The representative of Merseyside Pensioners Association referred to the answers provided under item 7.1 and commented:
1. The word “conversation” rather than “consultation” should be used when engaging with the public. Previous consultation processes had been perceived as restrictive and stage-managed so it was hoped that the Liverpool Women’s consultation would be real engagement with the public and involve the correct individuals/groups including the “Save Liverpool Women’s Hospital Campaign”.
 2. She did not believe it to be true that Liverpool would not be developing an Accountable Care Organisation.

3. With regard to ethical procurement she did not believe that Merseyside Pensioners' Association and Liverpool CCG shared the same criteria in terms of training, working hours, time allocated for travel, correct remuneration and workers' rights.

7.7 A member of the Public thanked the Liverpool CCG Governing Body for the respect paid at the beginning of the meeting to Mr Sam Semoff. He expressed his concern at the withdrawal of specialist support from NHS Direct Services that had gone to Capita and was concerned about the issue raised by the Local Medical Committee Secretary on the fact that the situation could only get worse and that there was no plan B. He also expressed his concern that with the Liverpool CCG Governing Body now meeting on a bi-monthly basis that this made it more difficult for those members of the public attending the information to be familiar with the papers and that there was less time for the public to formulate question which arose during the meeting and put them to the Governing Body in the slot allocated to Questions from the Public. He also referred to not being able to order repeat prescriptions over the telephone and that private companies had input into the Sustainability and Transformation Plan.

The Chair responded that as stated previously there were data protection/identification/security issues to telephone ordering of prescriptions. The addition of online ordering was merely an alternative offered which patients could chose to use should they prefer. With regards to the input of private companies in Sustainability & Transformation Plan nothing had changed in that the responsibility lay with the local commissioners to commission health care to meet the needs of their population. When changes to services were being considered we worked with those providers currently delivering services and those able to deliver, the responsibility for commissioning sat firmly within the public sector.

7.8 A Member of the Public referred to the response made by the CCG about ethical procurement and highlighted the case of Integral who provided cleaning services for various NHS organisations. The Chair responded that the CCG had robust surveillance of the quality of those it contracted with and could therefore get a feel for how staff were treated. We needed to ensure that we were not dealing with unethical organisations and therefore had a moral and social responsibility. He asked for any evidence that the public might have to be brought to us so that we could work with our providers to ensure all staff were treated fairly and appropriately with relevant legal requirements.

8. DATE AND TIME OF NEXT MEETING

Tuesday 8th May 2018, 2.30pm, Boardroom, Liverpool CCG, 3rd Floor The Department.