

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNNG BODY**

**Minutes of meeting held on TUESDAY 11TH SEPTEMBER 2018 at
3.15pm**

HALL 2, THE CONFERENCE CENTRE AT LACE

PRESENT:

VOTING MEMBERS:

Fiona Lemmens	Chair
Jan Ledward	Chief Officer
Mark Bakewell	Acting Chief Finance Officer
Donal O'Donoghue	Secondary Care Clinician
Helen Dearden	Lay Member for Governance/Non Clinical Vice Chair
Ken Perry	Lay Member for Patient & Public Involvement/Committee Chair
Gerry Gray	Lay Member for Financial Management
Sally Houghton	Lay Member for Audit
Dr Paula Finnerty	GP
Dr Shamim Rose	GP
Dr Janet Bliss	GP
Dr Ian Pawson	GP
Dr Stephen Sutcliffe	GP
Dr Fiona Ogden-Forde	GP
Dr Monica Khuraijam	GP

NON VOTING MEMBERS:

Dr Rob Barnett	Secretary of Local Medical Committee
Tina Atkins	Practice Manager

IN ATTENDANCE

Kerry Lloyd	Deputy Chief Nurse
Sarah Thwaites	Chief Officer, Healthwatch
Ian Davies	Chief Operating Officer
Martin Farran	Director of Adult Services & Health, Liverpool City Council
Barry Kushnor	Liverpool City Council Cabinet Member for Children's Services
Paula Jones	Committee Secretary

Apologies

Jane Lunt	Head of Quality/Chief Nurse
Dr Maurice Smith	GP
Paul Brant	Cabinet Member for Health & Adult Social Care, Liverpool City Council
Derek Rothwell	Head of Procurement, Contracting & Business Intelligence
Carole Hill	Healthy Liverpool Integrated Programme Director
Sandra Davies	Director of Public Health
Lynn Collins	Chair of Healthwatch (Sarah Thwaites representing)
Stephen Hendry	Senior Operations & Governance Manager

Public: 9

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting, making particular mention of Martin Farran, newly appointed Director of Adult Services & Health, Liverpool City Council who was attending for the first time, and introductions were made.

The Lay Member for Financial Management needed to leave the meeting at 4.30pm and therefore asked that items which required a decision should be discussed prior to his leaving. It was agreed that after Part 2 Highlight Reports was concluded the items in Part 4 Strategy & Commissioning would be taken before Part 3 Performance.

1.1 DECLARATIONS OF INTEREST

Dr Shamim Rose, Governing Body GP member, referred to item 4.1 Continuing Healthcare retrospective reviews and noted that she had two children in receipt of Continuing Healthcare. As the discussions were about whether or not to review cases retrospectively to see if they had been eligible for Continuing Healthcare she was not conflicted and therefore could remain and participate in the discussions/decision. Dr Rob Barnett, Local Medical Committee Secretary, declared an interest during the discussions in the Chief Officer's report item 2.1 around the Deaf Community as his sister was

employed by an organisation working with the visually impaired. There was no decision to be taken and therefore no conflict.

1.2 MINUTES AND ACTION POINTS FROM THE LAST MEETING

The minutes of the meeting which took place on 10th July 2018 were agreed as an accurate record of the discussions which had taken place subject to:

- The removal of track changes/blue text.
- The editing of the last paragraph on page 18 section 4.3 Talk Liverpool Contract to say that patients did not feel comfortable with group therapy for Cognitive Behavioural Therapy rather than that they did not want it. She agreed to supply a form of words.
- The correction of a few minor typographical errors to be highlighted to the Committee Secretary by the Lay Member for Governance/Non Clinical Vice Chair plus the addition of the word “not” on item 4.3 Talk Liverpool Contract page 18 2nd paragraph “ we would **not** relax attention on the service”.

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

- 1.4.1** Action Point One - it was noted that the Quality Strategy was being brought to the November 2018 Governing Body Meeting.
- 1.4.2** Action Point Two – the Acting Chief Finance Officer confirmed that the Agenda for Change information on pricing had been shared and cost had been in line with allocations therefore this could be removed from the CCG’s list of risks.
- 1.4.3** Action Point Three – the Chief Operating Officer updated the Governing Body that the Senior Operations & Governance Manager had been unable to attend the meeting the outpatient referral increase/attendance and follow up decrease would be discussed after the meeting and flagged in the next version of the Performance Report for the November 2018.
- 1.4.4** Action Point Four – it was noted that formal recommendations to the Governing Body on changes to the CCG’s safeguarding arrangements would be on the agenda for the November 2018 meeting.

- 1.4.5** Action Point Five – it was noted that the Governing Body Assurance Framework was on the agenda.
- 1.4.6** Action Point Six – the Chair updated that she had spoken to Julie Lyon-Taylor of Merseyside Pensioners Association re a response to her query about the consideration of air pollution on the Royal new build site, the Healthy Liverpool Integrated Programme Director was drafting a formal written response but was currently on sick leave.
- 1.4.7** The Local Medical Committee asked about Primary Care Support Services and why this matter was not on the agenda – the Chief Officer and Chair agreed to look at where this should feature.

PART 2: UPDATES

2.1 Chief Officer's Report – Report No: GB 50-18

The Chief Officer updated the Governing Body:

- Following a complaint from an MP a workshop was held with the Deaf Community to listen to their needs and experiences of accessing services. They had raised many issues e.g. appointments being cancelled due to lack of interpreting services. A report had been sent by the CCG to the Chief Executives of the healthcare trusts in the city. Some actions plans had been completed by providers and returned and the CCG would follow up on those not received. The CCG had committed to publish the report and action plans and a report would be brought back to the Governing Body in six months' time to see what had been changed.
- There was a review of management arrangements in the CCG taking place and full report would be taken to the private business session of the Governing Body that day.
- The Public Health Memorandum of Understanding was contained as an appendix to this report, this set out Public Health Support to the CCG.
- NHS England were consulting on a new model contract for integrated services, this was still at consultation stage but

represented a significant change to commissioning and would change the national model contract.

The Lay Member for Audit commented that the engagement with the Deaf Community was excellent, she felt that there was an issue around Care Plans and day to day care management and therefore the need to consider that the deaf and deaf carers might need BSL interpretation in order for them to participate fully in care planning. It was noted that work was required across the board with regards to broader interpretation issues. The Local Medical Committee Secretary reminded the Governing Body about visually impaired patients and noted his interest as his sister worked in an organisation which supported the visually impaired. The Lay Member for Governance agreed that the learning needed to be rolled out across different areas. The Healthwatch member commented that it was difficult for the CCG to engage in all areas.

The NHS Liverpool CCG Governing Body

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

2.2 Chief Nurse's Report – Report No: GB 51-18

The Deputy Chief Nurse presented the Chief Nurse's Report to the Governing Body noting that this was the first time it had been presented and would be a standing agenda item going forward, it would improve the CCG's reporting and governance arrangements by providing a more in-depth analysis of the quality risk than the Performance Report. She noted that it was a work-in-progress and had been discussed at the Quality Safety & Outcomes Committee the previous week where some useful feedback had been received. She highlighted:

- Aintree Hospital – under Enhanced Quality Surveillance and rated as “Required Improvement” by the Care Quality Commission for safeguarding governance, Mental Capacity, Deprivation of Liberties and subject to a Single Item Quality Surveillance Group led by NHS England in April 2018 with a follow up meeting in June 2018. A further meeting was planned for 1st October 2018. If the trust could provide assurance that they had addressed the key areas for improvement they might move back into routine surveillance. Liverpool CCG was working closely with the coordinating commissioner, South

Sefton CCG, to support improvement and contributions to the Clinical Quality and Performance Group ('CQPG') and Collaborative Commissioning Forum ('CCF').

- Referral to Treatment - this was more of an issue at the Royal Liverpool Hospital. Liverpool Women's Hospital's issues were predominantly workforce dependent (gynaecology capacity). At the Royal there was variation at sub-specialty area, with ophthalmology and urology having the highest numbers of breaches and this was where focus would be first of all. There were monthly CQPGs taking place and it was felt that progress was starting to be made, albeit slow.
- North West Ambulance Service ('NWAS') – the trust had been asked to provide evidence of addressing areas of concern to NHS England. NHS Improvement had coordinated a meeting between the 33 CCGs (for which Blackpool CCG was the coordinating commissioner) and NWAS. Going forward we needed to consider the local position and our input to support Blackpool CCG, particularly in relation to management of serious incidents. Development work was being coordinated by NHS England and NHS Improvement
- Transforming Care Programme for Learning Disabilities – it was recognised that reporting for this area needed to be more granular in how re reported back in the future. As well as annual healthchecks we needed to have Care And Treatment Reviews for patients before and after they were admitted to hospital. The rate for annual healthchecks for those with learning disabilities was now increasing, latest performance figures was 61%, but the target was to achieve 74% by the end of March 2019 which would be challenging to deliver.
- Kirkup recommendations – Kirkup recommended that staff should be supported in how they were received by their new organisations. A piece of work had been carried out by the Trust with Locktons to undertake a look back exercise of serious incidents, further work was now underway to cross-reference this with CCG intelligence in relation to serious incidents.

The Local Medical Committee Secretary commented on the Referral to Treatment targets and the difficulties which had been discovered that day on the electronic referral process/available slots for

dermatology. The Chair noted that this was not the forum in which to discuss the news in question.

In response to a comment from the Local Medical Committee Secretary, the Chief Operating Officer commented that NWAS, under their specification, needed to treat all urgent GP referral requests the same as those from members of the public.

The North Locality Chair noted that the Collaborative Commissioning Forum for Aintree Hospital had met the previous week with the Care Quality Commission present, safeguarding issues had been triangulated around the issues of Mental Health Care Deprivation of Liberties, the requirement notice was still in place but there was felt to be some assurance regarding improvement.

The Chief Officer thanked the Quality Team and the Chief Nurse for this report. The Lay Member for Governance commented that it would be helpful to consider the Chief Nurse's report and the Quality report next to each other on the agenda. It was noted that on page 5 of the report, first sentence of item 4.3 North West Ambulance Service should read "Ambulance Services concerns have emerged from a number of sources".

The Liverpool CCG Governing Body:

- **Noted the contents of the report**

2.3 Public Health Update – Verbal

The Chief Officer noted that the Director of Public Health, who had sent apologies to the meeting, had emailed an update which could be circulated. The key issue she wanted to raise was the "Know Your Numbers" week running from 10th to 16th September 2018) but we were promoting this throughout the whole month. Blood pressure check sessions had been arranged for council staff at various workplace locations. In addition there would be a number of community events held across the City, including in Tesco and Sainsbury's supermarkets, where members of the public could go and have their blood pressure checked as well as being provided with information on how to maintain a healthy blood pressure. On top of this we were running a radio campaign on Radio City and a social media campaign to encourage people to get their blood pressure

checked. We were also running a pilot in 18 pharmacies across the City.

It was agreed that Paula Jones would circulate the email received to the Governing Body members/attendees.

The Liverpool CCG Governing Body:

- **Noted the verbal update.**

PART 3: PERFORMANCE

3.1 Finance Update July 2018 – Month 04 18/19 – Report No: GB 52-18

The Acting Chief Finance Officer presented the CCG's financial performance for the month of July 2018 (Month 4) containing details regarding financial performance in respect of delivery of NHS England Business Planning Rules and an assessment of risk to the delivery of the forecast breakeven position for the year 2018/19 and mitigating actions required. He highlighted:

- The CCG remained on track to deliver an overall year-end forecast breakeven position with programme / running costs budgetary performance offsetting each other in the relative year to date and forecast outturn positions. There was however some variations against planned levels of expenditure as described within the report and based on current assumptions the CCG would require full use of its contingency reserves and delivery of its Cash Releasing Efficiency Savings ('CRES') targets.
- Financial Performance Indicators were all Green.
- There were no exceptional resource allocation issues, with one adjustment to the GP Forward View resource allocation. The in-year revenue resource limited allocation was £889m.
- With regards to earmarked reserves, all remained committed with the contingency reserve of £4.5m being required to offset adverse variances against planned performance.

- Current forecasts assumed that in respect of planned Cash Releasing Efficiency Savings ('CRES') £8.5m of planned £8.8m savings remain on track, with additional 'running costs' savings of £0.3m contributing to overall delivery of required savings.
- Operational budgetary position and key forecast outturn variances were included within the report including a 'waterfall' graph showed adverse and favourable variances against plan.
- The report included further action plans currently being implemented to reduce existing cost pressures and explore other areas of opportunity to reduce programme expenditure.
- Statement of Financial Position – cash position at the end of the reporting month was within the required levels and Better Payment Practice Code Targets were being met.

The Governing Body commented as follows:

- The Practice Manager Member asked that given the questions from the public during the AGM that CCG is clear in its savings plans regarding the difference between 'cuts' and using resources more effectively . The Acting Chief Finance Officer responded that this years savings plan did not include any 'decommissioning' of service or 'cuts, but making sure the CCG was making the best use of its available resources, but would be considered in terms of future reporting arrangements.

The Liverpool CCG Governing Body:

- **Noted the current financial position and risks associated with delivery of the forecast outturn position.**

3.2 CCG Corporate Performance Report September 2018 – Report No: GB 53-18

The Chief Operating Officer presented a paper to the Governing Body to report on the areas of its delivery of key NHS Constitutional measures, quality standards, performance and outcomes targets for a combined period of May 2018 to July 2018. Due to timing issues there were no Care Quality Commission inspection reports received in time for inclusion in the paper. It was noted that the Liverpool

Women's Hospital had been rated as "Good" overall and this would be included in the next Performance Report.

He highlighted:

- 52 Week Wait and Referral to Treatment Times – NHS England had requested a summary of progress made. A Serious Incident had been declared at Liverpool Women's Hospital, as previously reported and the trust accounted for 12 out of the 18 breaches. For bariatric surgery there is a regional issue (one hospital in the North Midlands carrying out the specialist surgery) and this affected four Liverpool patients. There was one breach for a Liverpool patient at Manchester Royal and one at Wirral University Teaching Hospital.
- Referral to Treatment –Incomplete Pathways – there was pressure overall on the delivery of the 18 week target (Royal and Liverpool Women's Hospital). The Royal had agreed an improvement plan with their regulator NHS Improvement who had agreed a target of 85% which meant the CCG target of 92% could not be achieved in 2018/19.
- Diagnostic Waits – this continued to be challenging throughout the year, there had been a small improvement in the period May to July 2018.
- Cancer Waits – there were some issues around 62 day waits (rare cases affecting a very small number of patients) – this continued to be monitored closely.
- A&E Performance had already been discussed at the Annual General Meeting and Healthcare Associated Infections.
- Progress in Improving Access to Psychological Therapies continued.
- Cardio-Vascular Disease – the Know Your Numbers Campaign had launched.
- Respiratory Disease – there was an issue over expanding the Community Respiratory Team over the weekend period and this was to be explored further.

- Adult ADHD – it was noted that there was still a long way to go in improving performance.
- There had been unfortunately very little progress in getting the Teledermatology Programme up and running and work to explore the ongoing delays behind this was underway.

The Governing Body commented as follows:

- A Governing Body GP Member noted that mental health physical healthchecks were a joint responsibility between Primary Care and the Community Health Team.
- A Governing Body GP Member noted that it would be helpful to have rates re Referral to Treatment times. He asked why the data for still births and deaths within 28 days went back over a three to four year period. The Chief Operating Officer responded that this was the agreed dataset.
- In response to a question by a GP member, it was explained that the content and style of the report would be developed further in the future, alongside the evolution of the Chief Nurse's regular report.

The Liverpool CCG Governing Body

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

PART 4: SRATEGY AND COMMISSIONING

4.1 Continuing Healthcare Retrospective Reviews – Report No: GB 54-18

The Acting Chief Finance Officer presented a paper to the Governing Body to report on progress with regards to the decision required to consider undertaking retrospective reviews of period of unassessed care.

This update was in response to a request that was made at the May 2018 Governing Body to obtain further information from the 10 Clinical Commissioning Groups regarding their decision to not accept retrospective claims for Continued Health Care (CHC) post April 2012. The position nationally remained that most CCG's were progressing reviews and this was the approach supported by NHS England.

The Governing Body decision in March 2018 was not to accept retrospective claims for Continued Health Care (CHC) from April 2012. Further advice and guidance both from NHS England and the CCG legal advisors, Hill Dickinson LLP, suggested that the CCG should reconsider its decision and undertake the reviews. The Governing Body considered this in May 2018 and requested additional information from the 10 CCG's to understand whether there had been any impact upon them as a result of their decision and also to further consider the legal advice that had been received.

Feedback from six of the ten CCGs suggested that there had been no impact following the decision made to not assess further period of care. The summary of the legal advice received was also presented to the Governing Body, concluding that should the CCG not agree to review retrospective claims post 2012 it was potentially open to challenge by way of a judicial review and / or complaints to the Ombudsman. Based on this advice and the continued view from NHS England that CCGs should undertake reviews, it was therefore recommended to the Governing Body that they change the previous decision and commence with a review of the claims.

The Lay Member for Financial Management commented that he did not understand how the paper reached this conclusion, the feedback from ten CCGs had been positive with no adverse impact not agreeing to review claims retrospectively. He noted that the full legal advice had not been previously shared or included in the paper and wanted to understand further the likelihood of a judicial review and the risk to the CCG. He would prefer to wait and see what happened rather than the CCG be exposed to further financial risks.

The Chief Operating Officer responded that it was just the not threat of judicial review driving the recommendation, but the risk that a number of these cases could be submitted to the Parliamentary and Health Services Ombudsman. It was also the reputational damage to the CCG as well as the cost of defending judicial review and / or compensation directed by the Ombudsman. On balance, given that the number of cases to review was only in the mid-thirties, the

recommendation was to progress with the reviews. In response to a query from a Governing Body GP member about the cost of reviewing the cases, it was confirmed that the work would be outsourced to a specialist company at a cost of circa £2,500 per review. A number of Governing Body members queried the numbers involved and that they believed that they had been previously informed that the numbers of cases could increase substantially due to “no win no fee” approaches taken by legal firms, only to be now told that the numbers would be relatively small.

The Chief Officer highlighted the difficulty of the decision in front of them and an aspect of this was understanding the probabilities involved, but given the conversations with NHS England and the legal advice from Hill Dickinson she felt that that the recommendation in the paper to reverse the decision taken in March (e.g. not to review) retrospectively should be supported. The Lay Member for Financial Management responded that he felt unable to support the recommendation without assurance that this was the correct route to take given the financial position of the CCG and that as per previous agenda item that 90% of the CCG's contingency provision was already used. Governing Body GPs agreed that they did not have enough information on which to make a decision.

For this reason the Chair suggested that the item be deferred in order that the paper clearly highlighted the risks, (known and unknown), including all the supporting legal advice, clarification of the numbers involved and a clear explanation of the options with the risks.

The Liverpool CCG Governing Body:

- **Did not support the recommendations of the paper and requested further information in order to reach a decision incorporating discussions so far, full legal advice, clarification of key numbers and an explanation of the options including associated risks.**

4.2 Provider Fee Rates 2018-19 – Report No: GB 55-18

The Acting Chief Finance Officer presented a paper to the Governing Body regarding uplifts to provider fee's for the 2018/19 explaining that the CCG had historically matched the uplifts as agreed through the Liverpool City Council process and had been agreed at their Cabinet meeting in June 2018. The reason for this approach was to ensure that commissioners were consistent in their approach and that

providers were not able to play one rate against the other. From a financial plan perspective this was a known issue at the beginning of the financial year and the CCG had set aside around a for £1m as an estimated cost of the uplift.

The paper set out the proposed approach and cost to the CCG on this basis, totalling £909k and proposed treatment for provider fees which were both and below the recognised rates.

Of 1,632 individual packages of care affected by these uplifts, 291 instances existed where the provider charge was already above the established rate (the majority of these were not for the basic package of care but for additional 1:1 fees) and therefore in order to not increase the gap, the proposed approached was to apply a further uplift which would reduce some of the gap . Other amendments were also proposed at an additional cost of £16k where rates were being paid at below recognised levels and these would be increased to bring in line.

- There was support from the GP Members and the Lay Member for Financial Management/Chair of the Finance Procurement & Contracting Committee noted that this had already been approved in principle by the Finance Procurement & Contracting Committee.
- The Lay Member for Patient & Public Involvement commented that the recommendations within the paper appeared to replicate the Finance Procurement & Contracting Committee ('FPCC') paper. MB responded to confirm this was an error and it was indeed the recommendations made to the Finance Procurement & Contracting Committee that were recommended to the Governing Body for approval. The Governing Body were now being asked to confirm the proposals within the paper regarding fee uplifts and treatment of providers above and below recognised rates.
- Healthwatch's representative agreed with the recommendations within the paper but reiterated that many care homes and domiciliary care providers were struggling with financial pressures and staff turnover was impacting on quality of care.
- The Chief Officer suggested that next year, rather than waiting for the Liverpool City Council to take this decision thus delaying the decision for the CCG we should approve the principle and

resulting framework ahead of the new financial year rather than being reactive.

The Liverpool CCG Governing Body:

- **Approved the uplift rates as described and proposed approach re providers over and under recognised rates**

PART 5: GOVERNANCE

5.1 Governing Body Assurance Framework Progress Report Quarter 1 and Quarter 2 (2018/19) – Report No: GB 56-18

The Chief Operating Officer presented the Governing Body Assurance Framework ('GBAF') for Quarter One 2018/19 which highlighted the key mitigations against risk to the delivery of the CCG's strategic objectives for the financial year 2018/19. He noted that the scoring took on board the discussions around initial risk score and target risk, as this was only Quarter One/Quarter 2 these were the same, for subsequent presentations it was expected these would change. The GBAF contained a description of the risk and its impact. There was a section to identify any specific gaps and controls and progress rag-rated.

The Lay Member for Governance expressed her concern around lack of differentiation still between initial risk and current risk and that she needed a discussion outside of the meeting as the process was not working for her, she had the same issue with the Risk Register.

The Liverpool CCG Governing Body:

- **Approved the new 2018/19 governing Body Assurance Framework ('GBAF') once it agreed that the 2018/19 framework aligned risks, key controls and assurances alongside each strategic objective;**
- **Satisfied itself that the document described the effectiveness of the internal systems of control in place to mitigate against risk;**

- **Was confident that the current controls, evidence of mitigation plans and actions taken provided assurances against the specific risk;**
- **Identified any further gaps in control/principal risks which would impact on the delivery of the strategic objectives.**

5.2 Corporate Risk Register Update (September 2018) – Report No: GB 57-18

The Chief Operating Officer presented the Corporate Risk Register for September 2018 to the Governing Body. He highlighted:

- Extreme Risks C029 and C035 – failure of four hour A&E wait target at the Royal and Aintree Hospitals.
- Extreme Risk C071 waiting time delays for Adult Attention Deficit Hyperactivity Disorder ('ADHD').
- Extreme Risk C072 – Referral to Treatment Target achievement at the Royal Liverpool Hospital.
- Extreme Risk C074 – Failure to provide emergency ambulance responses that met the national ARP targets.
- New extreme risk added C080 – One to One Midwifery and the risk of them continuing to deliver their service at the current tariff. The Chief Nurse and her Team were investigating this and a Mersey Internal Audit Agency report was in progress. A Quality Visit by the CCG had been undertaken in July 2018 and was positive overall. The CCG had requested assurance around the exclusion criteria and were still waiting for this. The contract was monitored via attendance at the monthly Wirral CCG Contract meetings and liaison with other CCGs. The Deputy Chief Nurse added that there were other issues such as poor communication internally and with Liverpool Women's Hospital re the transfer of women. There was a Business Continuity Plan in place with Liverpool Women's Hospital should the service cease.

The Governing Body commented as follows:

- The Local Medical Committee Secretary asked if One to One Midwifery were still taking on new patients. The Deputy Chief Nurse confirmed that they were, as per the level of risk criteria set in 2015.

- The Lay Member for Audit asked if other providers had issues with the maternity tariff. The Deputy Chief Nurse responded that the issue for One to One was around the splitting of the tariff. The Acting Chief Finance Officer noted that the tariff was set nationally and covered delivery and post-delivery. The Chief Officer noted that this issue was being picked up through NHS England and NHS Improvement, it was a risk not only for Liverpool but across the wider system.

The Liverpool CCG Governing Body:

- **Noted the new risk (C080) that had been added to the Register;**
- **Satisfied itself that current control measures and the progress of action plans provided reasonable/significant internal assurances of mitigation, and;**
- **Agreed that the risk scores accurately reflected the level of risk that the CCG was exposed to given current controls and assurances.**

5.3 Emergency Preparedness Resilience and Response ('EPRR') Assurance 2018/19– Report No: GB 58-18

The Chief Operating Officer presented the Emergency Preparedness, Resilience & Response ('EPRR') Assurance 2018/19 to the Governing Body which was a self-declaration against the EPRR standards. Liverpool CCG had a significant role to play in EPRR given the scale of the city and the events held.

The majority of areas had been marked as fully compliant, where there was non-compliance or partial compliance this was because the questions asked were mostly yes or no responses and we had erred on the side of caution. The areas not fully compliant were:

- Core standard 33 “The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents” – non compliant. This standard had been challenged with NHS England as not applicable to CCGs.
- Core standard 39 “The organisation has a media strategy to enable communication with the public. This includes identification of and access to a trained media spokesperson able to represent the organisation to the media at all times” –

partially compliant. 24 hour media expertise was available through NHS England, the CCG had media expertise in working hours.

- Core standard 49 “The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis” – partially compliant. This was a timing issue and we had not yet completed the impact analysis therefore partial compliance was prudent whilst this work was concluded.
- Core standard 52 “The organisation’s Business Continuity Management System is monitored, measured and evaluated against the Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the Board” – partially compliant. Again this was a timing issue only.

Both of the actions arising from the process for 2017/18 were now completed and the Lay Member for Governance was the guardian/overseer of this process for 2018/19. Core standards 33, 39, 49 and 52 would be completed by the end of quarter 3 2018/19.

The Chair commented on the amount of hard work carried out and how comprehensive the report was.

The Liverpool CCG Governing Body:

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

5.4 CCG Financial Control, Planning and Governance Self-Assessment – Report No: GB 59-18

The Acting Chief Finance Officer presented the current CCG Financial Control, Planning and Governance self-assessment position as at Quarter One of the 2018/19 financial year. Positive feedback had now been received from NHS England who had informed the CCG that it would be subject to “light touch” in its monitoring as there were no significant areas of concern or issues. The CCG would be required to submit an action plan for improvement areas but would not be required to submit another quarterly update until the year-end submission. The Self-Assessment had also been discussed at the

recent Finance, Procurement & Contracting Committee and reviewed by the Chief Officer and the Lay Member for Audit.

The Liverpool CCG Governing Body:

- **Noted the current self-assessment position as at Quarter One within the 2018/19 financial year.**

5.5 Feedback from Formal Committees – Report No: GB 60-18

Formal feedback via template had been received from the Governing Body on:

- Remuneration Committee – 10th July 2018 **Helen Dearden**
- Finance Procurement & Contracting Committee **Gerry Gray**
- 24th July and 28th August 2018
- Audit Risk & Scrutiny Committee – 24th July 2018 **Sally Houghton**
- Primary Care Commissioning Committee – **Ken Perry**
21st August 2018
- Quality Safety & Outcomes Committee –4th **Ken Perry**
September 2018

There were no matters to be highlighted to the Governing Body other than those contained in the reporting.

The Liverpool CCG Governing Body:

- **Considered the report and recommendations from the committees.**

6. Questions from the public

6.1 Lesley Mahmood of Keep Our NHS Public and Save Liverpool Women's Hospital asked a question concerning One to One Midwifery in the light of the comments made about the maternity tariff. Ms Mahmood wanted to know how much money was owed to Liverpool Women's Hospital and other trusts by One to One Midwifery. The response from Liverpool CCG was that we did not have this information and would need to contact the providers concerned. The Acting Chief Finance Officer agreed to take up this action.

6.2 Lesley Mahmood of Keep Our NHS Public and Save Liverpool Women's Hospital referred to Liverpool Women's Hospital and asked if under One Liverpool a potential solution could be identified to the capital challenge, would there be a commitment in November for funding from the Cheshire & Mersey Health Partnership, were there any plans for similar type of funding to Private Finance Initiative ('PFI')? The Acting Chief Finance Officer explained that there were three options for funding: Department of Health funding, 3rd party funding and PFI. Liverpool Women's Hospital had submitted capital bids for Cheshire & Merseyside Health Partnership monies themselves, we would likely know by November 2018 how this process had worked out.

6.3 Alan Shaw raised concern around the financial risk of monies owed by One to One Midwifery. He also referred to the NHS England consultation on Integrated Care Providers contracting mentioned in the Chief Officer's Report and noted that the survey was online therefore how could those patients without internet access participate. The Chief Officer responded that it was NHS England running the consultation and she would raise this with them.

6.4 Teresa Williamson informed the Governing Body that people were turning up at sexual health clinics and being turned away due lack of funding/appointments available, her concern was those presenting at the clinics with undiagnosed STIs would in fact not take any steps to self-protect. The Deputy Chief Nurse agreed to pick this up, she asked Teresa to specify which clinic she was referring to. Teresa responded that this was information she had received which was across the country (so not Liverpool specific). The Deputy Chief Nurse said we had no intelligence/information of this happening locally but agreed to raise it with Public Health

7. DATE AND TIME OF NEXT MEETING

Tuesday 13th November 2018 – Boardroom Liverpool CCG