NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNING BODY
MINUTES OF MEETING
TUESDAY 10 MARCH 2020 at 2.30 pm
BOARDROOM, LIVERPOOL CCG, THE DEPARTMENT, 2 RENSHAW STREET, LIVERPOOL, L1 2SA

PRESENT:

VOTING MEMBERS:

Dr Fiona Lemmens (FLe)	Chair
Jan Ledward (JLe)	Chief Officer
Mark Bakewell (MBa)	Chief Finance & Contracting Officer
Helen Dearden (HDe)	Lay Member for Governance/Non-Clinical Vice Chair
Dr Paula Finnerty (PFi)	GP Director
Peter Kirkbride (PKi)	Secondary Care Clinician
Dr Monica Khuraijam (MKh)	GP Director
Cathy Maddaford (CMa)	Non-Executive Nurse/Lay Member
Carol Rogers (CRo)	Lay Member for Public & Patient Involvement
Gerry Gray (GGr)	Lay Member for Financial Management
Dr Shamim Rose (SRo)	GP Director
Sally Houghton (SHo)	Lay Member for Audit
Dr Fiona Ogden-Forde	GP Director
Dr David O'Hagan (DOh)	GP Director
Jane Lunt (JLu)	Director of Quality, Outcomes & Improvement/Chief Nurse

NON-VOTING MEMBERS:

Dr Rob Barnett (RBa)	Secretary of Local Medical Committee

IN ATTENDANCE:

Carole Hill (Chi)	Director of Strategy, Communications & Integration
Samson James (SJa)	Director of Planning, Performance & Delivery
Dave Horsfield (DHo)	Head of Transformation & Programmes
Joanne Twist (JTw)	Director of Organisational and People Development
Ceriann Tunnah (CTu)	Public Health Liverpool
Paul Brant (PBr)	Councillor, Liverpool City Council
Debbie Richardson (DRi)	Note Taker

APOLOGIES:

Dr Janet Bliss	GP/Clinical Vice Chair
Dr Maurice Smith	GP Director

Public attendees: 8

PART 1: INTRODUCTIONS & APOLOGIES

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

1.1 DECLARATIONS OF INTEREST

There were no additional declarations reported for noting at the meeting other than those already listed on the LCCG register.

1.2 MINUTES AND ACTION POINTS FROM THE LAST MEETING HELD ON 14 JANUARY 2020

The minutes were approved as an accurate record of the meeting, subject to the following amendments:

- Point 1.3.1 referred to the Early Intervention and Psychosis Service not the Corporate Performance Report;
- Typo on page 8 of 32 form should read from;
- Fourth paragraph on page 8 of 32 be amended to 'the more children that get into the pathway earlier, at the right place at the right time, the quicker the pathway will be for everyone';
- Typo on page 13 of 32 amended to 'referrals account for, around 45%';
- Repeated sentence on page 15 of 32 removed;
- Second line at the top of page 17 of 32 amended to 'new guidance.';
- Second paragraph on page 17 of 32 amended to 'about A&E coming soon as Healthwatch had been into EDs recently speaking to patients. In terms..';

1.3 MATTERS ARISING

No matters were raised.

Action points:
All action points listed were complete with the exception of points 3 and 5 which remained ongoing.

PART 2: OFFICER UPDATES

2.1 Chief Officer's Report – Report No: GB 16-20

Jan Ledward (JLe) presented the report to the Governing Body.

JLe highlighted:

Planning guidance for 2020/21 had been received and the current information suggested that the CCG would be facing a significant challenge to deliver the required financial position with an increased level of cost savings compared to previous years. An update would come to the May Governing Body meeting as planning discussions and contract negotiations are progressed in line with national timescales.

Staff survey results were much more positive than anticipated as the organisation had undergone reorganisation. There is still work to be done in the areas of Health and Well-being and teambuilding. A health and well-being day had been held recently with good feedback received and work will continue to help staff with a work life balance.

Dr Jackie Bene has been appointed as Chief Officer for the Cheshire and Merseyside Health and Care Partnership. More discussion of the proposed merger will follow later in the meeting.
Coronavirus will also be discussed later in the meeting in the Public Health item. The virus is rapidly moving through the population with 35 confirmed cases in the North West and 1 death to date.

JLe invited questions in relation to the report.

CMa commented that reducing bed occupancy to 92% as proposed in the Urgent and Emergency Care section of the report would impact on the local system.
JLe responded that the issue was staffing. It is a target to aspire towards and it would be a challenge.

The NHS Liverpool CCG Governing Body:
- **Noted the Chief Officer's Report.**

2.2 Chief Nurse's Report – Report No: GB 17-20
Jane Lunt (JLu) presented the report to the Governing Body.

JLu highlighted:
The merger of the Royal Liverpool and Aintree Hospitals requires enhanced surveillance of the combined Trust from NHS England and Informatics (NHSE and NHSI). The metrics give an indication of when areas of concern are augmented by other areas. Outstanding issues have been picked up and carried through to conclusion.
Following the single item Quality Surveillance Group (QSG) in November Liverpool Womens Hospital have continued to work on the action plan which focuses on 'mutual aid' and regular discussions are taking place with Clatterbridge Hospital. More issues are to be discussed and work continues.
Alder Hey had a number of never events reported and is undertaking an external review to inform remedial action and learning. The Trust can be commended for brokering openness and honesty in this approach.
Rocky Lane Medical Centre is working through issues following a CQC inspection in November and the single handed GP going on sickness leave in January. An action plan is in place with ongoing support being provided. Further issues have arisen from subsequent quality visits which are being worked through.

JLu invited questions in relation to the report.

HDe asked how joint working across South Sefton and Southport was developing and what improvements were being noticed. JLu responded using the example of the Royal Liverpool and Aintree merger with Aintree previously under the remit of Sefton. Coming together allows for the rationalisation of processes enabling working together so that one CCG can lead on one process and the other can work on another area. This has given insight to enable better management of serious incidents and enabled the deployment of staff in different ways to be more effective and efficient. This may not be

feasible in the long term or be problematic in some areas but has not proven to be thus far.
RBa commented that the reference to Liverpool Clinical Laboratories was too general and should distinguish between sites to avoid misinterpretation.

The NHS Liverpool CCG Governing Body:

- **Noted the Chief Nurse's Report.**

2.3 Public Health Update - Verbal Update –paper tabled at the meeting.

Ceriann Tunnah (CTu) for Public Health presented an update to the Governing Body.

CTu highlighted the following:
Work continued to find savings to meet reductions in its budget and it was unclear what savings were required for 2020/21 as the Public Health Grant allocation had not yet been issued by central government. While trying to ensure a minimal impact on services the budget had been reduced by 24% since 2013.
Since the first Marmot review life expectancy had stalled and mortality rates were increasing. Work was underway to integrate recommendations from the One Liverpool Plan into work around the city plan. Progress since the first Marmot review 10 years ago was poor with cuts to public health wider than those to health and social care services. Liverpool Public Health department has produced a State of Child Health report about the state of child health in the city which makes recommendations for local action to help mitigate harm to children and young people. A new director for Public Health, Matthew Ashton, was due to take up their post from 1st April 2020. This is a joint appointment with Liverpool City Council and Liverpool University.
The Public Health service and NHSE have been working on plans for Covid19; the plans have been in place for a long time and have been tested over time. The assessment was that there was likely to be a high number of cases within the community and it was believed that most cases would be a mild illness. Planning was underway to offer support for those who required support and to identify those travelling from high risk areas. The landscape was changing fast so responding was challenging. Of 24960 people tested 319 were positive at 9am the previous day. Actions differed depending on the category of country. Italy was now a category one country with recommendations changing on a daily basis.

SHe delivered an update from the NHS perspective reporting that at the local level they had been asked to implement a community swabbing service and a Covid19 management service. It was a very fast moving situation and latest guidance was being followed. The CCG was involved in local, national and international communications around Covid19 and was very experienced in responding to incidents of this kind.

PBr commented that it was very unusual not to have a Public Health grant at this point in the year; it was usually known in January. Having already lost 25% he didn't want to function with an under resourced service now. The public should be encouraged to look at trusted websites; a bespoke website

has been set up encouraging the public to look at NHS and PHE or Liverpool specific websites for information. A special meeting of the Health and Well-being board met last week to discuss the issue. Webcasts will be delivered to keep the public informed. Information was changing by the hour and it was key to get the correct information. As has been indicated the virus is still in the containment phase and will move to the delay phase shortly. We will be guided by science with regard to any events programmes and outdoor parades having done all possible preparation for the situation. We are fortunate in having a single provider NHS service enabling the rapid escalation of services and close working with teams across the local authority, the CCG and PHE.

PFi commented that it was a sad fact that infant mortality was increasing particularly when some factors were modifiable such as smoking in pregnancy. It was important that maternity services discuss with women that help and support is available. Domestic violence and maternal mental health were also areas of concern. A perinatal mental health team was in place undertaking needs assessments to identify where help and support was needed with an approach to domestic abuse integrating more public health interventions earlier to help modify risk factors.

The NHS Liverpool CCG Governing Body:

- **Noted the verbal update.**

Part 3: For Decision

3.1 **LCCG Business Plan - Report no: GB 18-20**

Sam James presented the LCCG Business Plan.

SJa reported that the plan set out the work programme for 2020/21 with workforce engagement and financial planning involvement over the year. When the 2019/20 plan was compiled the need to align to the strategic plan and strategic team and individual objectives was recognised as an area that needed to be strengthened and this plan continues to build on that. The plan is structured around nine business objectives and has been developed with senior team leaders.

SJa highlighted objective two around developing the workplace charter and organisational values focussing on leadership development, strengthening links with the leadership academy and developing staff cultural values.

The quality and performance functions contained new indicators in line with national guidance with bed occupancy moving and referral to treatment. Another standard around cancer diagnostics on the cancer pathway was also included.

It was noted that some operational plans for this year may not be achieved until the end of the year and while some may be close some may not achieve. This was the first-time plans had been submitted that were under the national standard and feedback had not yet been received from NHSE. Contractual negotiations were taking place with providers.

A commitment to provide the local population with good accessible information had been undertaken in the business objective with a level of granularity at Governing Body.

MBa reported on the current assessment of financial plans for the year ahead with the caveat that planning guidance had been released relatively late and contract discussions were still being worked through. The CCG has received an increase of 4.4% in its allocation although based on current assumptions expenditure was anticipated to more than exceed this resulting in savings required in the region of £19.5m. Contract negotiations are continuing and it is recognising that system changes are required within the longer term. There are further areas still requiring resolution including the Mental Health Investment Standard / Better Care Fund Uplifts etc. and system wide working as part of the new contract documents.

JTw stated that the organisational development plan used national drivers to deliver values and objectives alongside McKinsey's model. The aim was to make the NHS the best place to work. Talent management, leadership and development alongside health and wellbeing while recognising and rewarding achievements aimed to ensure the CCG is a compassionate employer as detailed within the action plan.

CHi reported on the Communications and Engagement strategy which was a 2 year plan. Key to the plan was strengthening the engagement infrastructure while continuing to support pipelines and developing continuing engagement led by the public. The plan sets out how the communications will operate and develop over the period. Working with organisations to develop and collate, interpret and understand the patient experience at a higher level using the learning to inform decision making moving forward.

CRo commented that it was important that the engagement strategy focussed on capturing the voice of patients and how flows aligned. The One Liverpool plans helped this to make sense on the ground in a tangible way. It was hoped the networks would value the plan, it was ambitious but the benefit was in people owning it themselves. CHi concurred saying a parallel approach was needed in how to engage and how other parties operate to integrate and align making best use of resources.

CMa enquired about future capital influencing plans for estates. MBa responded that big changes were not envisaged although inefficiencies in the system would be looked at along with working with partners to avoid areas of duplication. It had been recognised that providers don't consult with each other and a one public estate work stream should facilitate this, giving grip and rigour to plans.

DOh commented that the plans indicated a system approach in more areas than others. SJa responded that all of what will be done will be across Cheshire and Merseyside aligned to objective setting. JTw commented that

as plans move forward more of the document will merge although there will be numerous plans as a result. DHo commented that there was an opportunity to develop the organisational development plan across Liverpool and not just within the CCG. HDe thanked the team for a good piece of work stating that one of the challenges would be holding ourselves to account. SJa reported that the next steps were getting the team objectives approved then onto business plan monitoring with more rigour applied.

JLe commented that any thought and ideas would be welcomed. The national stakeholder survey has stopped and did we want to do this locally, building in mechanisms as the plan progressed. FLe brought attention to the faster diagnostic standard requiring 70% of people to receive a cancer diagnosis within 28 days. This would be difficult to meet and was it due to having so many trusts and systems. SJa responded that part of the work involved was about standardisation and some will come from that but realism was needed when building plans. PKi commented that it was disappointing to have very similar problems to five years ago and it felt like things had hardly moved while recognising that things were inherently different now. Hopefully the merger of Trusts will help. This may be a suboptimal year but looking beyond that will give a trajectory to enable meeting targets when most appropriate.

JLe recognised the frustration stating that as diagnostic testing had been introduced the capacity for infrastructure had not grown at the same pace. How systems worked together would be the test. The learning for the system was in how we got better at planning and they needed to work together to support the system. It is helpful to have a trajectory to aim for to achieve targets. SJa commented that as part of the negotiation with LUFHT the expectation was that the processes would come together in compliance in year two. FLe echoed earlier comments by HDe commenting that the report was well put together and set out being easy to work through.

The NHS Liverpool CCG Governing Body:

- **Noted the LCCG Business Plan.**
- **Supported the direction of travel and planning principles as described within the plan while contracting discussions continues in line with national milestones.**
- **Approved the plan.**
- **Noted that to move things forward some of the responsibility for approving the plan will be delegated as appropriate as agreed by members.**

3.2 **Proposal to Establish a North Mersey CCG - Report no: GB 19-20**

Carole Hill (CHi) presented the proposal for a North Mersey CCG.

CHi reported that following the discussion at the January Governing Body meeting the proposal for a North Mersey CCG was seeking approval. Assuming members approved the proposal it would then be sent to NHSE and the plans would be progressed. A key element was engagement with the membership which involved 85 practices across the city. Stakeholder engagement had been ongoing for several months with LMC involvement also

who had conducted a poll. Letters of support had been received from Liverpool City Council and providers and discussions with Healthwatch had taken place to discuss public engagement after purdah in May. It was hope the public consultation would help to shape the future organisational form and operating model. There was work to be done looking at how the needs of the local population could continue to be met.
FOf enquired how members could be reassured that practices would be meaningfully engaged in the process going forward given the volume. In response CHi stated that more specific engagement would be considered with consideration being given to relationship managers to engage on an ongoing basis moving forward. This was difficult to ask given how busy practices are and discussion had taken place with LMC regarding giving voice to practices. It was important to write the constitution and practice members needed to be involved with this to enable concerns to be voiced.
PBr commented that the desire for the proposal was understood although the NHSE viewpoint regarding the footprint hadn't been appreciated. Sefton was very supportive of a strong relationship with Liverpool City Council (LCC). It was hoped that the new arrangements would continue the engagement and openness that was in place while improving the footprint.

Question:
A member of the public gallery asked how the proposal was following NHSE guidance when the guidance talked about dissolution. Dissolution was not what was happening here; a merger was being proposed and so the guidance around dissolution was not relevant.
In response JLe stated that guidance had been taken from NHSE and legal representatives to ensure the proposal was in line with legislation and it had been agreed that legislation was being followed as set out in the NHS Act 2006.

The NHS Liverpool CCG Governing Body:
- **Noted the content of the report.**
- **Agreed to approve the proposal for the establishment of a North Mersey CCG**

3.3 **Collaborative CCG Policy Development to Review Suite 3 of Criteria Based Clinical Treatment Policies - Report no: GB 20-20**
Sam James (SJa) presented the collaborative CCG policy development report.

SJa reported that this was part of a review process and policies were in place with reviews being undertaken for policies in suites one and two previously. The process was led by Midland and Lancashire CSU with other CCGs adopting the process. GP leads had considered the policy and it was for formal ratification.
FOf commented that it was good to have clear guidelines in place for trans anal irrigation.

The NHS Liverpool CCG Governing Body:
- **Noted the content of the report.**

- **Agreed to change in procedure for pinnaplasty.**

Part 4: For Noting

4.1 **Finance Performance Update January 2020 - Month 10 2019/20**
Report no: GB 21-20

Mark Bakewell (MBa) presented the Financial Performance Update for month 10 of the 2019/20 financial year which at that point in time suggested that the CCG remained in line with forecasted plans e.g. an in year break even position.

Consistent in-year trends remained in line with previous reporting periods with pressures being offset by contingency and underspending in earmarked reserves. With regards to financial performance indicators, all remain green and are forecast to be so at the end of the financial year.

However, since month 10 and given that month 11 reporting has just been concluded MB provided a verbal update on an improved financial position with a forecast surplus of £6.5m for the year, based on increased level of slippage of investments with local partners, return of resources from the health and care partnership and change in accounting policy with regards to partially completed spells as recently discussed at the audit committee.

The benefit of this being that the CCG is able to take advantage of the available national incentive scheme regarding return of resources on a 2:1 basis with the CCG being able to drawdown the equivalent increase in surplus in 20/21 financial year and another equivalent value for 21/22 on a non-recurrent basis. It is anticipated that not all the surplus will be available in the 20/21 financial year as there will be an impact from the carry forward of the factors that have affected the 2019/20 position.

The governing body were asked to note the financial performance information.

DOh commented that it was nice to have the increased surplus and queried whether this was as a result of funding not spent within the system and would it be spent the following year. MB responded that some of the savings had come from the slippage in investment plans and there is some impact on next year which needs to be taken into account.

The NHS Liverpool CCG Governing Body:

- **Noted the Finance Performance Update.**

4.2 **CCG Corporate Performance Report – March 2020 - Report no GB 22-20.**

Sam James (SJa) delivered the CCG Corporate Performance Report.

SJa informed members that the summary position showed zero 52 week breaches for the first time in around five months which was extraordinary for

January. IAPT recovery was above the national standard and quarter three data was positive.
Members attention was drawn to the increase in wait times for LHCH patients which was due to an issue with a scanner causing delays and it was hoped that this would recover in February and March. Other providers were doing as expected. Cancer performance remained around 70-75% not 85% which was the national standard. This was due to a combination of issues including diagnostic and staffing. Recruitment to cancer pathways was underway.
A meeting had taken place with NHSE to discuss how the system was working with regard to cancer. NHSE offered congratulations regarding how Liverpool Womens Hospital (LWH) was being supported by the LUHFT with NHSE recognising work was underway to improve performance here. Work was ongoing to bring waiting lists down. Data cleansing and a review of activity were helping.
Going forward the performance report will reflect new trajectories with providers being asked to provide plans in advance for which they will be held to account at contract meetings.
PKi suggested a systematic approach was required on the waiting list issue with a lack of consultants being the main cause. The mitigations suggested would only help in the short term and a plan B was required. SJa responded that this was being considered from a quality perspective ensuring patients are monitored as part of the ongoing management of the performance. The cancer alliance needed to offer system support to LWH and a meeting was planned when this would be discussed.

The NHS Liverpool CCG Governing Body:

- **Noted the content of the report.**
- **Members noted the performance and were satisfied with the levels of assurance given.**

ACTION: SJa to clarify section 5.2 LCCG position figures (typo in 'best' section).

4.3 **Governance**

(a) Governing Body Assurance Framework Progress Report - Report no GB 23-20

(a) Corporate Risk Register Update - Report no GB 24-20

(a) CCG Issues Log – March 2020 - Report no GB 25-20

Jan Ledward (JLe) on behalf of Stephen Hendry (SHe) presented the reports.

JLe asked member for comments regarding the Governing Body Assurance Framework (GBAF) Progress Report drawing attention to the highlights it contained.
SHo stated that at the previous Governing Body meeting Audit committee was tasked with ascertaining what the appetite for reputational risk would be. Following a robust discussion at audit committee the outcome was that the appetite would differ according to each risk and section within the strategic plan. It was suggested that when development sessions considered the

GBAF during the coming year reputation risk for the particular area of work under consideration be looked at.
CMa commented that residual risks were reviewed but remained unchanged. The target date for residual risks was 31 March 2020. FLe reported that a discussion had been had regarding the merger and it was agreed that positive and negative impacts would be included.
SHo enquired where the quality strategy had got to with JLu responding that historically the strategy was for 3 year cycles. Now the intention was to integrate what we were trying to achieve to create a system and environment where quality flourishes without being explicit. It is hoped this will be noticed as work continues on the One Liverpool plan with the implementation of NICE guidance and similar guidance. If necessary this will be revisited.
GGr commented that the risk to the merger proposal should be low or we shouldn't be doing it. The risk factor would evolve over the next twelve months with a clear picture as the plan develops.

FLe discussed the Corporate Risk Register update drawing attention to the analysis statement which stated it was unable to meet the increased urgent care demand asking would the merger impact on the operational risk of the CCG. JLe responded that the biggest risk to capacity at this point is time was Covid19 which needed to be added to the register. The assumption is that 20% less staff will be available to work and this will have a huge impact.
SHo enquired about the sustainability of services at LWH and in response was told that this was being discussed at the acute sustainability group. The actions from the meeting will be considered with risks mitigated. The cancer alliance is also involved along with multiple agencies and work was underway to clarify roles and responsibilities and to get the information flow correct. The action plans from the meetings are shared.

FLe brought members attention to the issues log, most of which had been covered within the discussions and noting that it was good to see the business plan addressing risk.
CMa commented that the performance report showed an increase in e-coli which should be on the register as a recognised risk.

The NHS Liverpool CCG Governing Body:

- **Noted the progress to date.**
- **Add to risk register**
    - Add Covid19 and impact of reduced staff (20%)
    - 2 issues re LWH
    - JLu to add e-coli

4.4 **2019/20 Audit Risk and Scrutiny Committee Annual Report to Governing Body - Report no GB 26-20**

Sally Houghton (SHo) delivered the Audit Risk and Scrutiny Committee Annual Report.

SHo stated that the report provided Governing Body with assurance that audit was operating effectively. Some blanks were contained within the report

which would be completed in May. Three updates had been received since the report was submitted.
Thanks to Steve Sutcliffe for his valuable contributions to the committee.

The NHS Liverpool CCG Governing Body:

- **Noted the content of the report.**

Part 5: For Information

5.1 **Feedback from Formal Committees**

- **Finance, Procurement and Contracting Committee 28/01/2020 & 25/02/2020 – Gerry Gray**

GGr made a general point that it was important that sub-committees don't let things fall between committees in the crossover. A lot of time had been spent on waivers or extensions at the Finance, Procurement and Contracting Committee this year. This was unusual but necessary due to timing issues. While this was justified it flagged up relationships and it was important legacy handovers happened with nothing being missed.

- **HR Committee 21/01/2020 & 28/02/2020 – Helen Dearden**

HDe reported that the committee had considered the staff survey and found good engagement. In the context of the reorganisation the results were positive with SLT being aware of areas of weakness. Mandatory training returns had improved.

- **Quality Safety and Outcomes Committee 04/02/2020 & 03/03/2020 – Cathy Maddaford**

CMa reported that the final QSOC meeting had taken place the previous week.

- **Committees in Common – 14/02/2020 – Carole Hill**

CHi reported that the committee had been considering developing a programme for North Mersey hyper acute and a proposal would be taken to the next meeting.

- **Primary Care Commissioning Committee 18/02/2020 – Cathy Maddaford**

CMa commented that any issues had already been discussed within the meeting.

- **Audit Risk & Scrutiny Committee 25/02/2020 – Sally Houghton**

SHo stated that the results of the internal audit regarding the conflicts of interest policy would need to be referenced in the statement. Colleagues were encouraged to complete and return their responses to this if they hadn't already done so.

- Minutes from Committees
  - Audit and Risk Committee – 10th December 2019
  - Finance Procurement and Contracting Committee – 17th December 2019 & 28th January 2020
  - Quality Safety and Outcomes Committee – 3rd December 2019 & 7th January 2020.

Minutes for the committees listed were noted for information.

Part 6: Questions from the public

6.1 No questions had been received in advance of the meeting.

Questions to NHS Liverpool CCG Governing Body
Tuesday 10 January 2020

Question:
There is reference in the GBAF to the Urgent Care Service and a report from the Provider Alliance. When can we expect to see the report?
Response:
Work is underway and we aim to present the options to Governing Body in quarter two.
Question:
Has an options appraisal been presented? If not when will this happen? When will this be available to the public? Is a public consultation planned?
Response:
The provider alliance has been working on this however it has taken longer than anticipated. The programme has been fully established recently with a Senior Responsible Officer appointed and senior leadership will be driving the process forward from this point and taking responsibility. The process around the process change will be a public consultation if that is deemed appropriate. The provider alliance is looking at it and it includes extending out of hours services and others, a plan can be provided at the next meeting. More should become clear over the coming months.
JLe stated that this must be progressed and people needed to see the proposal before the end of the year. The service was not fit for purpose and needed to fit better.
Question:
Why are Cheshire and Merseyside minutes not included on the agenda?
Response:
This is not something we have been asked before. We will look into this with other CCGs and if it is deemed permissible we will include them.
Question:
What preparations are underway for Covid19? What measures are in place for hospital staff going into self-isolation; are staff going to be expected to continue in their day jobs; what arrangements are there for cleaners, porters etc. private providers do not usually pay sick pay. Is the issue of migrant charges being dropped? Could this potentially spread the virus?
Response:
Different Trusts have their own business continuity plans and we don't know the detail of each. The CCG is looking at sickness absence plans in line with the sickness review. Staff employed by contractors will need to redirect their questions. Emergency treatment will be available to anyone who needs it. Covid19 has not been identified as an issue for migrants with regard to medical fees but this is exceptional. JLe will contact NHSE for a response.

7 Date and time of next meeting
Friday 22 May 2020, 2.30 pm Boardroom, Liverpool CCG.