

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

GOVERNING BODY

Minutes of meeting held on TUESDAY 8TH MARCH 2016 1pm
BOARDROOM, THE DEPARTMENT, LEWIS'S BUILDING

PRESENT:

VOTING MEMBERS:

Dr Nadim Fazlani	Chair/GP
Katherine Sheerin (arriving late)	Chief Officer
Dave Antrobus	Lay Member – Patient Engagement
Jane Lunt	Head of Quality/Chief Nurse
Dr Simon Bowers	GP/Clinical Vice Chair
Dr Fiona Ogden-Forde	GP
Dr Janet Bliss	GP
Dr Rosie Kaur	GP
Tom Jackson	Chief Finance Officer
Dr Monica Khuraijam	GP
Dr Fiona Lemmens	GP
Dr Shamim Rose	GP
Moira Cain	Practice Nurse

NON VOTING MEMBERS:

Dr Paula Finnerty	GP – North Locality Chair
Tina Atkins	Practice Manager
Dr Tristan Elkin	GP – Liverpool Central Locality
Dr Sandra Davies	Director of Public Health

IN ATTENDANCE:

Carole Hill	Healthy Liverpool Integrated Programme Director
Ray Guy	Retired Practice Manager
Stephen Hendry	Acting Head of Operations & Corporate Performance

Cheryl Mould	Head of Primary Care Quality & Improvement
Tony Woods	Healthy Liverpool Programme Director - Community Services & Digital Care
Derek Rothwell	Head of Contracting & Procurement
Lynn Collins	Chair of Healthwatch Liverpool
Dyane Aspinall	Programme Director of Integrated Commissioning (Health & Social Care)
Paula Jones	Minutes

APOLOGIES:

Prof Maureen Williams	Lay Member – Governance/Deputy Chair
Dr Maurice Smith	GP
Dr Donal O’Donoghue	Secondary Care Doctor
Dr Rob Barnett	LMC Secretary
Councillor Roz Gladden	Liverpool City Council
Samih Kalakeche	Director of Adult Services & Health, Liverpool City Council
Phil Wadeson	Director of Finance, NHS England Sub Regional Team
Ian Davies	Chief Operating Officer

Public: 8

PART 1: INTRODUCTIONS & APOLOGIES

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

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest made specific to the agenda.

1.2 MINUTES & ACTION POINTS FROM THE LAST MEETING

The minutes of the previous meeting on 9th February 2016 were agreed as an accurate record of the discussions that had taken place.

1.3 MATTERS ARISING from 9th February 2016 not already on the agenda:

- 1.3.1 Action Point One: it was noted that the response to Mr Sam Semoff's question had been included in the January 2016 Governing Body minutes.
- 1.3.2 Action Point Two: it was noted that the action for the Social Media Policy to come to the Governing Body was for later on in the year.
- 1.3.3 Action Point Three: it was noted that the Safeguarding Children's Board Annual Report was on the agenda along with the Annual Report from the Safeguarding Adults Board.
- 1.3.4 Action Points Four, Five and Six: the Chief Finance Officer confirmed that the Performance Report had been clarified as requested, the Vauxhall Care Quality Commission Outstanding Report sent to the Liverpool City Council Member and the update to the Validation Committee membership made.

PART 2: UPDATES

2.1 Feedback from committees – Report No GB 14-16:

- Finance Procurement & Contracting Committee – 23rd February 2016 – the Head of Contracts and Procurement fed back to the Governing Body:
 - ✓ Sponsorship Policy discussed which was on the agenda later on. This was a clear policy and a

sponsorship panel was to be appointment. The policy was approved by the Finance Procurement & Contracting Committee and was coming to the GB later on the agenda for noting.

- ✓ Direct Award Procurement Process justification – re Liverpool Community Health, for services not subject to the Trust Development Authority transaction process. This would be a CCG led process and a consistent approach had been identified for use by all CCG staff to give a framework to drive decision making. This had been approved by the Finance Procurement & Contracting Committee and was to be used going forward.
- Healthy Liverpool Programme Board 24th February 2016 – the Healthy Liverpool Integrated Programme Director fed back to the Governing Body:
 - ✓ Information Governance – the digital programme was breaking new ground and further work was required to explore further to ensure issues were managed correctly in terms of Information Governance. A letter was to be drafted to be sent to NHS England from the Chief Finance Officer and the Clinical Vice Chair.
 - ✓ Sustainability and Transformation Plan – this was to be produced by June 2016. This was a Cheshire & Mersey Sustainability & Transformation Plan and we needed to look at how to represent the Liverpool population via the North Mersey Health System Plan and ensure it was included within the wider Cheshire & Mersey Plan.
 - ✓ Health Outcomes – work required to ensure the ambitions were still valid and that new data was considered such as Right Care data.
 - ✓ Liverpool Women’s Hospital Services – this item was to be discussed later on the agenda.

The Chair noted that the Sustainability and Transformation Plan was to be discussed again in the next three agenda items.

- Committees in Common 2nd March 2016 – the Chief Finance Officer fed back to the Governing Body, clarifying the respective roles of the Committee in Common and the Liverpool City Regional NHS CCG Alliance. The Committee in Common had been set up to mirror the footprint of the Realigned Hospital Based Care work stream for decision making involving Liverpool CCG, South Sefton CCG and Knowsley CCGs (including the three Local Authorities and NHS England). The Liverpool City Region NHS CCG Alliance had been set up as a response to the Devolution agenda and footprint. Feedback from the meeting of the Committees in Common on 2nd March 2016 was:

- ✓ It was necessary to respond to the evolving planning footprint – North Mersey was to be part of an overarching Cheshire & Mersey Plan with a separate Steering Group for the North Mersey Local System Delivery Plan. The Committee in Common would remain in place to ensure statutory duties were met by each commissioning body.
- ✓ Alignment was required right across all statutory bodies – the Communication Leads and the Local Authorities would work together.
- ✓ Delivery of single receiving site for Major Trauma – this was led by NHS England but the public engagement was to be refreshed to enable a decision to be made.

The Chair commented that this was a complex and changing landscape, this was a work in progress and the Governing Body would be kept informed.

The NHS Liverpool CCG Governing Body:

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

2.2 Feedback from Liverpool City Region NHS CCG Alliance – 2nd March 2016 – Report No GB 15-16:

The Chief Finance Officer updated the Governing Body:

- ✓ Still early stages – the Governing Bodies of the member CCGs were to approve the Terms of Reference. There was misalignment between the original draft Terms of Reference and the new planning arrangements but this was still the appropriate group to respond to the Devolution agenda. Revised Terms of Reference now needed to be worked through and agreed by each CCG Governing Body in due course.

The NHS Liverpool CCG Governing Body:

- **Considered the reports and recommendations from the Liverpool City Region CCG Alliance.**

2.3 Chief Officer's Update

In the absence of the Chief Officer who was returning from London having attended an All Party Parliamentary Group on health at the House of Commons with a focus on commissioning and arriving late to the meeting, the Chief Finance Officer updated the Governing Body. He noted that feedback from the Chief Officer was that Liverpool had given a good account of what was happening from the perspective of Healthy Liverpool and integrated commissioning arrangements. He continued:

- ✓ NHS Annual Staff Survey – this was not compulsory for CCGs and out of the 219 CCGs 47 had responded including Liverpool CCG. The results for Liverpool CCG were extremely positive, with the CCG performing better than

comparable organisations in 18 areas. There were two areas where the organisation required improvement, adjustment to office environment re disability (probably due to the fact that at the time of the survey the CCG was moving to a new building and there were teething issues) and Personal Development Reviews. It was the understanding of the Senior Management Team that staff did receive annual reviews but these issues were both being considered.

- ✓ Sustainability & Transformation Plan process – feedback would be given to the Governing Body as this developed.

The NHS Liverpool CCG Governing Body:

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

2.4 NHS England Update

There was no one present from NHS England.

The NHS Liverpool CCG Governing Body:

- **Noted that there was no verbal update.**

2.5 Public Health Update - Verbal

The Director of Public Health updated the Governing Body:

- ✓ Merseyside Tuberculosis Commissioning Group was now up and running – there was an action plan and a presentation on activity would be given at the next Tuberculosis Day on 24th March 2016 where the focus would be on the issues around homelessness.
- ✓ A response had been given to the consultation on NHS charges for overseas visitors, this was a health protection issue.
- ✓ Life Expectancy amongst Older People Report – life expectancy was increasing but at 85 years of age for males in the North West this was still lower than in 2011. More

local data was not available and a local analysis would be carried out when this was available.

- ✓ Campaigns/communications exercises were in place on “Be Clear on Cancer”, “Blood in Pee” and bowel screening campaigns. Physical Activity/Living Well.
- ✓ Examine Your Options was accessible on line.
- ✓ The budget cuts had finally been announced, £2.9m in year cut, £4.9m for 2016/17 therefore 15% of the budget. The trend would continue year on year to 2020. The Advisory Committee on Resource Allocation formula had not been applied which was good news. It was vital to look of ways of operating differently. The Chair added an endorsement of the how important it would be to look at prevention and work closely with the Local Authority.

The NHS Liverpool CCG Governing Body:

- **Noted the Verbal Update.**

PART 3: PERFORMANCE

3.1 CCG Performance Report – Report No GB 16-16

The Acting Head of Operations & Corporate Performance presented a report to the Governing Body on key aspects of the CCG’s performance in the delivery of quality, performance and financial targets for December and January 2015/16. He highlighted:

- Referral to Treatment: Green at CCG level for 18 week target and for December 52 week wait incomplete pathway (two breaches in year to date). Liverpool Heart & Chest Hospital were struggling to meet the target.
- Cancer Waits – Green at CCG level but alerts on two measures at Liverpool Women’s Hospital and Liverpool Heart & Chest Hospital which might mean the target was not achieved for the year. Liverpool Heart & Chest

Hospital had issues on Lung pathway waits (September, October and November 2015). The Chair agreed that this was affected by a small number of very complex issues. The Head of Quality/Chief Nurse noted that this had been discussed at the Cheshire & Merseyside Quality Surveillance Group and therefore was a challenge across the wider health economy. Colleagues from the Cancer Programme were also involved.

- Ambulance Response Times – Liverpool overall had been performing well against the backdrop of increasing pressures on the system but the impact was now starting to be felt with two red measures for January 2016. Extensive measures were being put in place to resolve this at local and regional level and it would be monitored closely.
- A&E Waits – all three acute trusts in Liverpool were struggling across quarter 3. The system was overwhelmed but performance at CCG level had not deteriorated. The pressures were nationwide, not just Liverpool.
- Mixed Sex Accommodation – there were 5 breaches in January, year to date 10 on a zero tolerance target. The Royal Liverpool Hospital, Southport & Ormskirk Hospital and Liverpool Heart & Chest all had breaches in January 2016.
- Healthcare Acquired Infections – no outbreaks of MRSA but still Red for year to date.
- Care Quality Commission inspections of GP practices – four reports received which were all rated good overall, one with some areas rated as Outstanding.
- Financial Position – as at 31st January 2016 the total allocation was £854.6m, total running cost allowance £10.9m (including £532k Quality Premium). The Chief Finance Officer confirmed that the CCG was on track for

the current financial year but careful financial budgeting was required for next year.

The Lay Member for Patient Engagement asked for clarification on the different types of A&E categories and the response was given in confirmation that Type 1 was A&E, Type 2 specialist A&E such as St Paul's and Type 3 was walk-in centre activity. The Urgent Care Clinical Lead added that Type 3 activity from St Chads came under the governance of Aintree Hospital and the Royal Liverpool Hospital included activity at St Paul's and the city centre walk-in. This was however under review by NHS England.

The NHS Liverpool CCG Governing Body:

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

PART 4: STRATEGY & COMMISSIONING

4.1 Review of Women's and Neonatal Services – Report no GB 17-16

The Hospitals Programme Clinical lead presented a paper to the Governing Body on the case for change with regard to improving and future proofing women's and neonatal services in the city and to update on the process and timescales to develop proposals, engage, consult and make decisions regarding the future provision of services for women and babies. The Appendix to the paper contained the presentation made by Liverpool Women's Hospital to their own board. She explained that the Liverpool Women's Hospital had been built over 20 years ago but since then the needs of women had changed substantially as they were having babies later in life, women with co-morbidities were able to have children and survive, women were living longer with the resulting gynaecological issues, babies requiring urgent and intensive care were

surviving, gynaecological cancer was increasing and there were major breakthroughs in genetics and genomics. In order to maintain clinically and financially sustainable services the system needed to change as it was not viable in its current format going forward. She stressed that the services being delivered at the trust were recognised to be of a high standard as noted by the Care Quality Commission. Examples of the high standard and recognition of this were contained in the presentation at Appendix 1. There was other work on-going via the Cheshire & Mersey Children's Partnership (Vanguard) and the National Maternity Review had also been carried out to look at the changing needs of babies.

A Clinical Case for Change for services had been provided by Liverpool Women's Hospital setting out their future strategy, 'The Future Generations Strategy'. This was aligned to Healthy Liverpool. The key clinical risk areas identified were:

- Adult Critical Care
- Haematology/Pathology – not available on the Liverpool Women's site.
- Complex Health Conditions – lack of diagnostics i.e. no CT scanner or MRI on Liverpool Women's site.
- Current neonatal facility was under size for current and future needs.
- Too many patient transfers between hospitals (2014/15 over 550 women were transferred to or from Liverpool Women's Hospital, mainly to the Royal, over 250 babies were transferred between Liverpool Women's and Alder Hey and of all these 451 were transferred to Liverpool Women's Hospital and 360 were transferred from Liverpool Women's to other hospitals).

Staff would need to be used differently i.e. Level 2 High Dependency Units should be co-located with Level 3 Intensive Care Units.

Liverpool Women's Hospital was in a good position for 2016 due to the hard work of the staff but this was not sustainable. Some services needed to be delivered from another acute site with specialist staff moving between sites. The Clinical Case for

Change stood up in its own right therefore and independent commissioner led review would be commissioned to evaluate all the options and to identify the optimal configuration of these services to maximise patient outcomes and experience. This would produce an options appraisal for a decision which would lead to the development of one of the preferred options and pre-consultation business case to comply with the NHS England assurance process. The review was to be led by Liverpool CCG, a sustainable solution was a high priority under the Healthy Liverpool Programme but would require multi-commissioner agreement. The established Committees in Common consisting of Liverpool, South Sefton and Knowsley CCGs along with their Local Authorities and NHS England would consider and approve the case for change, process for options development, programme assurance process and scrutiny, the pre consultation business case to go to NHS England (including preferred option), ensure service reconfiguration tests had been met, review the consultation findings, make a formal decision on future configuration of services and approve the implementation plan. The consultation/engagement would take place during the Summer of 2016, a plan and formal public consultation would take place in the Autumn/Winter of 2016 with a solution to be in place for the beginning of 2017. A Clinical Reference Group would be set up to provide clinical expertise and an Oversight Board would be established to oversee the delivery of the review process and provide recommendations to the Committees in Common.

In the interim actions needed to be considered on two key areas. Firstly, the transfer of high risk gynaecology surgery patients requiring multi-speciality intervention and support on a case by case basis in the Royal Liverpool Hospital with Liverpool Women's staff working alongside the Royal staff and secondly changes to the Liverpool Women's Neonatal Intensive Care Unit with the provision of consultant neonatologist outreach support to the Alder Hey Paediatric Intensive Care Unit and possible joint surgery arrangements with Alder Hey.

The Governing Body thanked the Urgent Care Clinical Lead for an excellent presentation of the issues and actions to be taken.

The Urgent Care Clinical Lead in turn thanked the Healthy Liverpool Integrated Programme Director for writing an excellent paper for her to deliver.

The Clinical Vice Chair/Children's Clinical Lead added that it was extremely encouraging to see how the clinicians at Liverpool Women's and Alder Hey were looking at working together for a solution. The Healthwatch Chair also acknowledged that this was an excellent presentation of the issues and highlighted the need for engagement with the public throughout the process and added that members of the Clinical Reference Group and Oversight Board should be encouraged to attend the public consultations and meet the public face to face. The Urgent Care Clinical Lead agreed that this would be good, she noted the affection in which Liverpool Women's Hospital was held by the people of Liverpool and that the wonderful atmosphere was often referred to. This was due to the staff involved in delivering care rather than the bricks and mortar of the building and would continue.

The Chief Officer acknowledged and commended the role of the Liverpool Women's Hospital Board in identifying the issues and challenges facing the organisation and coming up with a process to move forward. The CCG and the Liverpool Women's Hospital would work together to get the best solution possible.

The NHS Liverpool CCG Governing Body:

- Noted and endorsed the clinical and financial case for change for women's and neonatal services.
- Noted the joint commitment of commissioners and providers to identify a solution that ensures clinical and financial sustainability for women's and neonatal services in Liverpool.
- Approved the process and timescales for proposal development, patient and public engagement and formal

consultation, leading to a decision regarding the future delivery of services for women within the scope of this process.

PART 5: GOVERNANCE

5.1 Corporate Risk Register – Report no GB 18-16

The Acting Head of Operations & Corporate Performance presented the Corporate Risk Register to the Governing Body. He highlighted:

- Governing Body was to note the risks recommended for removal and two new risks added C054 and C055. The risks recommended for removal had been managed down.
- Extreme risks – there were two less as at 26th February 2016:-
 - C024a (Liverpool Community Health delivering safe services)
 - C035 (Aintree A&E target – this had now happened so likelihood had been realised and it was now a question of managing the consequences).
 - C036 re service pressures across North Mersey – the likelihood had been increased.
 - C051 a and b (bed capacity within independent care homes) – this had previously been one risk now split into two, one for quality and one for capacity.
- Risks recommended for removal: six were recommended for removal:
 - C011GB Aintree mortality rates
 - C014 and C014b Continuing Health restitution and appeals review
 - C026QSOC delivery of commissioned services from Alder Hey

- C040 Commissioning Support Unit Transaction process re Primary Care Support services
- C050 Commissioning Support Services transition.

The Lay Member for Patient Engagement referred to Care Home closures and expressed concern. The Head of Quality/Chief Nurse responded that quality was closely monitored but there was sufficient capacity within the system and discharge pathways needed to be clear with patients placed in the correct environments appropriate to their level of need. The Lay Member for Patient Engagement referred to continuing health care and the reference in the report to “previously unassessed periods of care”. The Head of Quality/Chief Nurse responded that there was a national cut off for retrospective unassessed periods of care (‘PUPOCs’) and that new episodes would be dealt with through the Complaints Process from April 2016. The Chief Finance Officer referred to the Five Year Forward View and the importance of transformation and sustainability for the CCG.

The NHS Liverpool CCG Governing Body:

- Noted the risks (CO11GB, CO14, CO14b, CO26QSOC, CO40 and CO50) recommended for removal from the Corporate Risk Register;
- Noted the two new risks added to the Corporate Risk Register (CO54 and CO55);
- 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 Safeguarding Children Board (SCB) and Safeguarding Adults Board (SAB) Annual Reports 2014/15 – Report no GB 19-16

The Head of Quality/Chief Nurse presented a report to the Governing Body on the work of the Safeguarding Children Board and the Safeguarding Adults Board in 2014/15 with

particular reference to the contribution of the CCG. Both Annual Reports had been to a range of committees and boards for noting, the Safeguarding Children board report had been signed off by the Health and Wellbeing Board in January 2016 and the Safeguarding Children report had been signed off by the Care and Health Select Committee in February 2016.

Liverpool Safeguarding Children Board:

- Priorities for 2014/15 were Neglect, Early Help for Families, Child Sexual Exploitation, Children and Adolescent Mental Health, Impact of Criminality on Children, The Front Door to Child Protection Services and Thresholds and Improvement of Business Processes.
- Highlights from 2014/15 : Safeguarding Children Board had determined that there had been an increase in the numbers of children coming to the attention of services including an increase in the number of children subject to a Child Protection Plan and rise in referrals for Emotional Harm.
- Child Sexual Exploitation – a great deal of work had been done to understand the issues and inform the development of services. There had been increases in referrals to the MACSE (multi-agency group responsible for reviewing the level of risk to the child and determining action required).

Liverpool Safeguarding Adults Board:

- Purpose was provide assurance and act as multi-agency partnership, co-ordinate the work of each partner agency to minimise risk of abuse/neglect, promote safeguarding interest of adults, promote inter-agency co-operation, develop inter-agency safeguarding procedures and ensure consistent response to abuse/harm and monitor effectiveness of what was done to safeguard and promote the welfare of adults.

- Priorities for 2014/15 were to strengthen quality assurance and performance management, improve operational effectiveness of agencies and partnerships, learn from safeguarding adults reviews and critical incidents and oversee the governance arrangements for the Mental Capacity Act and Deprivation of Liberty Safeguards across Liverpool.
- Highlights from 2014/15: quality and performance strengthened, membership and Terms of Reference reviewed, sub-group structure reviewed for implementation of the Care Act from 1st April 2015. The Kate Lampard report was published in June 2014 from the Jimmy Saville investigation which led to a review of all NHS organisations on how they worked with volunteers and celebrities.

In conclusion the CCG had been part of the Safeguarding Children and Adults Boards and safeguarding formed a core part of the commissioning assurance process.

The Lay Member for Patient Engagement was concerned about the Safeguarding Service which had been strengthened this year and hoped that this would continue. Also he expressed concerns about information about Care Homes suspensions being in the public domain in order to enable families to make decisions on behalf of relatives placed in homes. The Programme Director of Joint Commissioning (Health & Social Care) commented that where there were issues around Care Homes a robust action plan was put in place which was constantly monitored.

The Practice Nurse Member referred to the figure of 22% for investigations where the outcome was inconclusive. The Head of Quality/Chief Nurse responded that this was affected by the quality of the data but work was ongoing to enable practitioners to identify problems and safeguarding concerns and be aware of the referral process. The Practice Nurse also noted the transfer of vaccinations and immunisations to general practice and the fact that this brought practice staff into closer contact

with families and that they would benefit from specific/additional training around safeguarding.

The NHS Liverpool CCG Governing Body:

- Noted the content of the Annual Reports for 14/15.

5.3 Sponsorship Policy – Report no GB 20-16

The Acting Head of Operations and Corporate Performance presented the draft Sponsorship Policy for consideration and approval. The Policy sought to shape, direct and govern the CCG's use of direct or indirect sponsorship of its activities. The Policy had already been approved by the Finance Procurement & Contracting Committee and was separate to the issue of pharmaceutical sponsorship which was also due for renewal. The CCG would need to specify that sponsorship was non-controversial and did not affect commissioning decisions and the Policy needed to be clear and simple to apply.

The Director of Public Health welcomed the Policy and the identification/issue of direct and indirect sponsorship but asked if tobacco and electronic cigarettes were specifically referred to in Section 4 (Areas Where Commercial or Other Sponsorship would not be acceptable). The Acting Head of Operations and Corporate Performance agreed that this needed to be explicit in the Policy.

The NHS Liverpool CCG Governing Body:

- Approved the draft CCG Sponsorship Policy.

6. QUESTIONS FROM THE PUBLIC

- 6.1 A question had been submitted by Mr Sam Semoff and a written response had been prepared to be sent out to him. This was as follows:

Question

To be put to the meeting of Liverpool CCG on 8 March 2016

Beginning 1 April 2016, for one year, interim provider(s) will be managing six GP surgeries in Liverpool. These were previously managed by SSP Health Ltd who will continue to manage another five GP surgeries for the same period.

Thus I would wish to ask about the procurement process for the tender to manage the eleven surgeries after 1 April 2017, specifically:

- 1) what is the schedule for the procurement process. *The current (draft) timescale is outlined below; however, please note this is likely to change as we progress towards documentation finalisation.*

Tender Document Development	January 2016 to March 2016
PIN / EOI Issued	March 2016
PQQ/ITT/Contract Notices Issued	1 st April 2016
Bidder Event	18 th April 2016
PQQ Close	2 nd May 2016
PQQ Pre-lims (SBS)	2 nd – 13 th May 2016
PQQ Evaluation	13 th – 27 th May 2016
PQQ Moderation	30 th May – 3 rd June 2016
Reporting and Outcome Letters	6 th – 10 th June 2016
Final ITT Published	13 th June 2016
ITT Close	13 th July 2016
ITT Pre-lims (SBS)	13 th – 20 th July 2016
ITT Evaluations	20 th July – 9 th September 2016
ITT Moderation	12 th – 16 th September 2016
ITT Interviews	21 st – 28 th September 2016
Interview Score Process	28 th – 30 th September 2016
Reporting and Outcomes Letters	3 rd October – 21 st October 2016
Alcatel Period	24 th October – 4 th November 2016
Contract Finalisation	November 2016

Mobilisation	January 2017
Go Live	1 st April 2017

2) will patients be consulted in the writing of the specifications for the tender, and if so what will be the format of this consultation , *The contract will be the Alternative Provider Medical Services (APMS) which is legally written by NHS England, however, locally the Liverpool Quality Improvement Scheme (GP Specification) will establish the quality measures and Key Performance Indicators. LCCG has responded to the views of the Healthy Liverpool engagement process and ensured that the number of appointments has been increased in line with patient feedback that they cannot get access to a sufficient number of appointments.*

3) will there be lay members on the procurement panel and if so how will they be chosen. *Currently we are recruiting for public voices to participate in the procurement process and join the panel.*

4) will there be an opportunity for patients to an input in the decision as to who is awarded the tender? Patients who are recruited to the panel will be able to input to the award decision

6.2 A Member of the public present asked in what setting the public consultation events would take place regarding the Review of Women’s and Neonatal Services. The Healthy Liverpool Integrated Programme Director responded that the pre consultation engagement events would be in different places across the city over the Summer but would be after the European Union Referendum due to purdah restrictions. The process would be robust and there would be ample opportunities to get involved. At the pre consultation events the public would be asked how they wished to be involved in the formal consultation process.

6.3 A Member of the public present noted that she understood the need for the financial case for funding and clinical sustainability but wanted to know more about where facilities would move to and would another building be required. The Hospitals Programme Clinical lead responded that there were many issues to be

considered during the consultation and options appraisal process. Funding was available nationally for transformation plans (£8.2bn) but had to be applied for. Also any changes were to be considered in conjunction with the whole hospital system transformation.

- 6.4** A Member of the public asked who owned the building and land at Liverpool Women's Hospital. The Chief Executive of Liverpool Women's Hospital responded that the land was owned by Liverpool City Council and leased with 60 years remaining, the Trust owned the building.

7. ANY OTHER BUSINESS

The Practice Nurse member explained to the Governing Body that the Nurse Revalidation Process had begun and that her own revalidation would take place on 1st April 2016.

8. DATE AND TIME OF NEXT MEETING

Tuesday 12th April 2016 1pm in The Boardroom, The Department.