

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting  
held on Wednesday 16 March 2016 at 1.00pm – 2.15pm in Conference Room A, 2<sup>nd</sup> Floor,  
Civic Offices, Portsmouth**

**Summary of Actions  
Governing Board held on Wednesday 16 March 2016**

<b>Agenda Item</b>	<b>Action</b>	<b>Who</b>	<b>By</b>
3	<b>Mins of Previous Mtg – Chief Clinical Officers Report</b> – Update on Sustainability and Transformation Plans to be provided at next meeting.	J Hogan/ I Richens	May 16
3	<b>Mins of Previous Mtg – Integrated Performance Report</b> - Details of January's primary care friends and family test results to be circulated to members.	M Spandley	May 16
5	<b>Integrated Performance Report</b> – Report back on timetable for reporting outcomes of SCAS review.	M Spandley	May 16
5	<b>Integrated Performance Report</b> – Details of Quarter 4 Assurance meeting with NHS England to be shared with Dr Julie Cullen.	J Hogan	May 16
5	<b>Integrated Performance Report</b> – Better Care Delayed Transfer of Care (DTC) figures to be checked.	M Spandley	May 16
7	<b>Register of Interests</b> - To be updated to reflect any changes highlighted as well as incorporating changes effective from 1 April 2016	J Collis/ E Fellows	May 16

**Present:**

Dr Dapo Alalade	- Clinical Executive
Dr Linda Collie	- Clinical Executive
Mr Paul Cox	- Practice Manager Representative
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Clinical Executive
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Mr Tom Morton	- Lay Member
Ms Jackie Powell	- Lay Member
Mr Innes Richens	- Chief Operating Officer
Mr Andy Silvester	- Lay Member
Mrs Michelle Spandley	- Chief Finance Officer
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive

**In Attendance**

Mrs Jayne Collis	- Business Development Manager
Dr Janet Maxwell	- Director of Public Health, Portsmouth City Council

**Apologies**

Dr Tahwinder Upile	- Secondary Care Specialist Doctor
Mr David Williams	- Chief Executive, Portsmouth City Council

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## 1. Apologies and Welcome

Apologies received from Dr Tahwinder Upile and David Williams.

Dr Tim Wilkinson welcomed everyone to the NHS Portsmouth Clinical Commissioning Group (CCG) Governing Board meeting held in public. He noted that this was the first meeting of the Governing Board to be held at the Civic Offices and apologised in advance for any teething issues. He reminded those present that although the meeting was being held in public it was not a public meeting and therefore during the CCGs formal business members of the audience would not be invited to participate. He explained that this is the first session since the establishment of the stand-alone Primary Care Commissioning Committee and this Committee will follow the Governing Board meeting and have a separate agenda and papers. The membership and chairing of the Committee is different to the Governing Board and therefore there will be a brief break at the end of the meeting whilst appropriate arrangements are made. Unfortunately there would not be a patient story or question and answer session due to the size of the formal business to be transacted across both the Governing Board and Primary Care Committee. We will however review this for future meetings.

## 2. Declarations of Interest

None.

## 3. Minutes of Previous Meeting

The minutes of the Governing Board meeting held on Wednesday 20 January 2016 were approved as an accurate record.

An update on actions from the previous meeting was provided as follows:

Agenda Item	Action	Who	By	Progress
3	<b>Minutes of Previous Meeting</b> - Amendment to minutes regarding reference to "Wheels for All".	J Collis	Mar 16	Complete.
4	<b>Chief Clinical Officers Report</b> – Update on Sustainability and Transformation Plans and Financial Allocations to be provided.	J Hogan/ M Spandley	Mar 16	Financial allocations are on the agenda. It was agreed an update on the STP would be provided at the next meeting. <b>Action: JHogan/IRichens</b>
5	<b>Integrated Performance Report</b> – Consider the inclusion of numbers of responders as well as percentage for primary care friends and family test.	M Spandley	Mar 16	It was agreed January's primary care friends and family test results would be circulated to members. <b>Action: MSpandley *</b>
5	<b>Integrated Performance Report</b> – To discuss uptake of EPS (Electronic Prescribing Services) further.	P Cox/ M Spandley	Mar 16	The initiative is included in the CQUIN so all is in place. Complete.
5	<b>Integrated Performance</b>	J Hogan	Mar 16	Confirmed that flu rates are

Agenda Item	Action	Who	By	Progress
	<b>Report</b> – Confirm if flu rates include pharmacy uptake.	(K Hovenden)		included in pharmacy uptake. Complete **
6	<b>Governing Board Assurance Framework</b> – Original risk score for GB16 to be checked and amended as appropriate.	I Richens	Mar 16	Score has been amended. Complete.
7	<b>Register of Interests</b> - Consider whether membership of Health and Wellbeing Board should be included in the Register of Interests.	T Wilkinson	Mar 16	Dr Tim Wilkinson said that it was not necessary to declare membership of the Health and Wellbeing board in the Register of Interests. Complete.
10	<b>Primary Care Commissioning Governance Arrangements</b> – Share updated diagram of Committee structures with Jackie Powell.	T Wilkinson	Mar 16	Complete.
12	<b>Review of Lay Member Portfolios</b> – Portfolio for Andy Silvester to include Voluntary Sector.	T Wilkinson	Mar 16	Complete

\* Dr Tim Wilkinson provided the latest figures regarding questionnaires; he said that 7446 were sent out between January-March 2015 and July-September 2015. 2539 were returned completed which gave a 34% response rate. Jackie Powell asked if that was a favourable response. Dr Tim Wilkinson explained that any response over 30% is reasonable. It was agreed that further information would be circulated to members.

**Action: M Spandley**

\*\* Dr Tim Wilkinson clarified that the pharmacies that had provided vaccinations had sent the information electronically to all practices in the system.

#### 4. Chief Clinical Officer's Report

Dr Jim Hogan presented a paper which set out the key decisions and actions undertaken by the Clinical Executive under his leadership on behalf of the Governing Board since the previous meeting.

Dr Hogan highlighted the main areas of the report:

- Blueprint

Through fortnightly meetings and planning sessions, the GP Alliance and Solent are developing implementations plans for urgent and GP access hubs, primary care estate and next steps on single care records.

- Portsmouth Strategy for Mental Health

A new Mental Health and Wellbeing Strategy for the City has been developed and was agreed by the Health and Wellbeing Board in December 2015. The strategy has a very broad remit with 11 key “pledges” that encompass different aspects related to mental wellbeing.

- Revised Clinical Leadership Arrangements

Following the recent elections for clinical executive portfolios and new Chair appointment there have been some revisions to the Clinical Leadership arrangements. Dr Linda Collie has agreed to step up and be Deputy Clinical Leader and will be increasing her capacity to 2 days per week. Dr Jonathan Lake has been elected to the vacant Clinical Executive portfolio.

- Governance Review

The scope of work has now been agreed with DAC Beachcrofts who will be leading the work which has three elements; governance map, clinical leadership structure and governance implementation. The work consists of document review, individual interviews with Governing Board members, member practices and key stakeholders as well as workshops for the Governing Board and member practices. It was also noted that Graham Lawrence from DAC Beachcrofts was observing the meetings today.

- CCG Accommodation

The CCG has now successfully relocated to its new accommodation, 1 Guildhall Square which brings us closer to our local authority colleagues. Dr Hogan commented that the move went extremely well and thanked everyone involved.

- Other Key Actions

Dr Hogan commented on the other key actions undertaken by members of the Clinical Executive which included sustainability and transformation planning which is a significant piece of work with tight timescales and will take a lot of resource from the CCG. Dr Hogan stated that the CCG will try to rationalise attendance at meetings.

Tom Morton asked about the single care records plan and how this can be shared and if there was a timescale. Dr Jim Hogan explained that the CCG has agreement from most practices to sign up to the process. Solent NHS Trust have an integrated system and there is just the issue of getting practices to feed back to us to agree to sharing. More and more are joining each week.

Jackie Powell asked about the Mental Health Strategy in particular the Psychiatric Liaison Nurse at Portsmouth Hospitals Trust (PHT). Michelle Spandley explained that there is a service at PHT and there are discussions on how this can be enhanced and negotiations are ongoing but are coming to fruition with a view to being put in place fairly rapidly. Dr Janet Maxwell commented that the service is well integrated into services in the community.

Dr Janet Maxwell commented that there are a significant number of people with complex needs and that there is a group who are looking at identifying these people to ensure they are receiving the relevant services; the group will also be looking at realigning tenders and looking at options of providing a fully integrated service. Dr Jim Hogan commented that the ambulance services still see the Emergency Department as a place of safety but this is being addressed.

Paul Cox commented on the CCG accommodation move and congratulated the team. He asked if this would release any savings. Michelle Spandley explained that the move was part of the reconfiguration process of facilities and the CCG will have made a small saving subject to St James being sold.

Dr Tim Wilkinson said he would like to personally thank Tracy Sanders and her team for their work regarding the CCG accommodation relocation.

## **The Governing Board accepted the Chief Clinical Officer's Report.**

### **5. Integrated Performance Report**

Michelle Spandley presented the Integrated Performance Report dated 16 March 2016 which provided an overview of progress against the delivery of the CCGs strategic vision and plans, and overall CCG performance that defines an effective commissioner. The CCG continues to make good progress against each of the priority areas, however there are areas where delays have occurred or progress has been slower than expected.

The forecast financial position remains as expected as £3.1m surplus for the year. The CCG remains over plan on acute contracts, mental health extra contractual referrals and primary care prescribing and these overspends are being covered by under spending budgets and contingency.

Recovery action plans are now in place with Portsmouth Hospitals Trust (PHT) for 3 of the 4 contract performance notices and an agreed process is in place to finalise the A&E 4 hour wait recovery plan and therefore withheld funding will now be released.

The A&E 4 hour wait target remains below the national standard and PHT have agreed a number of actions which will form the basis of the recovery action plan.

South Central Ambulance Service (SCAS), across the entire South Central area, achieved the Red 2 and Red 19 targets in December however the Red 1 target was missed again and the Trust is indicating now that the target will be missed for the year. This has implications for the CCG as it will receive less Quality Premium in 2016/17. SCAS are provisionally reporting that all 3 targets will be missed in January and the CCGs will be utilising the contract levers available and applying the nationally set fine for missing these targets.

NHS 111 answering calls within 60 seconds remains below target and there are ongoing discussions to improve this.

The Referral to Treatment (RTT) target is being achieved at aggregate level and discussions continue with PHT to improve where specialties are below the 92% incomplete standards. One patient who waited over 52 weeks at North Bristol has now been treated.

Primary Care Metrics – despite the “red” status there is an improvement in the percentage achievement since the last report.

Quality – remains as previous with the following being noted:

- Out of Hours service – the CCGs continue to have contractual discussions with Portsmouth Health Limited (PHL), who provide the service on our behalf, as we remain concerned about the ability of the service to effectively manage patient risk in relation to service delays.
- PHT concerns include the A&E 4 hour wait and therefore patient safety and experience remain high on the agenda. A series of risk summits have been undertaken to further discuss the issues which have been called by NHS England and the CCG await the formal response. The system is undertaking the agreed actions, which is to continue with the agreed Urgent Care plan and ensure actions are implemented.
- Portsmouth Hospitals Trust have instigated an independent review as a result of 6 maternal deaths. We know that at least 2 are as a result of other medical conditions.

Reportable incidents can be up to a year post birth. The CCG welcomes PHTs approach and awaits the results of the report.

- Community Nursing Service – The CCG has been working closely with Solent and they have made progress with the actions and have improving vacancy rates and therefore the risk score has been adjusted accordingly. The CCG will continue to monitor the situation.
- South Coast Ambulance Services (SCAS) – The Quality team continue to monitor progress.

Portsmouth Hospitals Trust achieved 8 of 9 cancer targets missing the 62 day to treatment following screening referral with one breach of the target. The Cancer Improvement Plan is addressing the issue.

The CCG continues to improve access to psychological therapies which is a service provided by Solent.

The CCG Assurance Framework Assessment has not changed since the last meeting. There are a number of ongoing actions and the CCG is due to meet for quarter 3 with the Local Area Team shortly.

Andy Silvester asked how much cash had been released to PHT and if the only outstanding action plan was related to the Emergency Department. Michelle Spandley confirmed that the only outstanding action plan was related to the Emergency Department. She also explained that £1.3m had been released across the 3 CCGs of which £600k was from Portsmouth CCG.

Dr Julie Cullen commented on the Solent NHS Trust staffing issue and explained that the risk had been downgraded as the CCG felt management was in place to manage the risk.

Dr Julie Cullen asked about the claims being review regarding patients having suffered heart attacks subsequent to calling SCAS but have not been attended by an ambulance, and how long this would take. Michelle Spandley agreed to look into this and report back to the meeting\*.

**Action: M Spandley**

**\*Post Meeting Note:** *In response to the question from Dr Julie Cullen regarding claims Michelle Spandley reported the following:*

*All providers must comply with the national SI reporting timeframes which are:*

- 1. Report an incident with 2 working days of it being identified and*
- 2. Investigate the incident within 60 working days.*

Dr Julie Cullen asked about the scoring in the CCG Assurance Framework for Well Led Organisation and that the CCG is scored as “Limited Assurance”. Michelle Spandley explained that it is an assessment that the Local Area Team placed on us as part of our Quarter 2 Assurance however we are about to go into Quarter 3 Assurance. Discussion took place that although CCGs were initially encouraged to adopt strong models of clinical leadership the number of CCGs with a clinical accountable officer or with the dual clinical leadership model had significantly reduced since CCGs were authorised. This meant at times the CCGs approach is different to other CCGs and this seemingly adds a complexity when we are being considered under the assurance process. Concern was expressed that because of this different model the CCG may be being penalised and general support was given by the Governing Board for the CCGs dual clinical leadership model. It was agreed details of the Quarter 4 Assurance meeting with NHS England would be shared with Dr Julie Cullen.

**Action: J Hogan**

Jackie Powell asked if the closure of the recognised safe space was having an impact on PHT. Dr Jim Hogan explained that the issue of Safe Space was revisited this morning at a meeting and a decision had been made to continue with it for 6 months however we must wait for a business case.

Dr Jim Hogan noted that our Delayed Transfer of Care (DTC) figures are the lowest on the south coast in Better Care however it looked as though they had gone up and could this be reviewed. Michelle Spandley agreed to check this.

**Action: M Spandley**

**The Governing Board accepted the contents of the Performance report.**

## **6. Governing Board Assurance Framework**

Innes Richens presented the Governing Board Assurance Framework and explained that Governing Board members had reviewed the framework at a development session on 10 February 2016. There were concerns that it was getting quite static and our risk management processes were leading to delays in keeping the framework timely and relevant. Therefore there have been changes to the format and additional fields have been added. The paper details all the changes that have been made.

Paul Cox said he was concerned that the CCG was moving towards a system where we have “all our eggs in one basket” by moving to integrate services further and this is a risk that needs to be recognised. Innes Richens explained that it is not explicitly recognised however it is mentioned in GB04 with regards to providers etc. We can integrate and we can dis-integrate so if we go to fast we can take steps back but we believe the more we make services seamless this reduces the risk.

Dr Julie Cullen commented that she found the development session really useful.

**The Governing Board reviewed and ratified the Governing Board Assurance Framework.**

## **7. Register of Interests**

Dr Tim Wilkinson presented the Register of Interests as declared at 8 March 2016. It was agreed that the Register of Interest would be updated to reflect any changes highlighted as well as incorporate changes effective from 1 April 2016.

**Action: J Collis/E Fellows**

**The Governing Board accepted the Register of Interests.**

## **8. Constitution**

Dr Tim Wilkinson presented a paper which detailed proposed changes to the CCG Constitution in the respect of three areas as detailed on the front sheet of the paper. The Governing Board is asked to approve the revised Constitution to be effective from the 1 April 2016 (not 2015 as stated in the paper) subject to approval by NHS England.

**The Governing Board approved the revised Constitution to be effective from 1 April 2016 subject to approval by NHS England.**

## **9. Governance Framework**

Dr Tim Wilkinson presented the CCG's Governance Framework which has been updated to reflect the decision taken by the Governing Board at its January meeting to establish a Primary Care Commissioning Committee.

**The Governing Board approved the revised Governance Framework.**

#### **10. Scheme of Reservation and Delegation**

Michelle Spandley presented an update to the CCG's Scheme of Reservation and Delegation to take into account the roles and responsibilities of the Governing Board's new sub-committee, the Primary Care Commissioning Committee. It was noted that references throughout to Primary Care Committee should read Primary Care Commissioning Committee. This would be amended for future iterations.

The Scheme of Reservation and Delegation will be subject to scrutiny by DAC Beachcrofts as part of the overall governance review and therefore may be subject to some further changes.

**The Governing Board considered and approved the revised Scheme of Reservation and Delegation.**

#### **11. Draft Financial Strategy – 2016/17 to 2020/21**

Michelle Spandley presented the Draft Financial Strategy – 2016/17 to 2020/21 which informs the Governing Board of the allocations expected over the coming 5 years including growth. The strategy outlines where the CCG needs to set aside investment and levels of savings required to address the current National Guidance and local priorities. She highlighted the main areas:

- Context – which sets the scene for the CCG and where we sit in terms of the health system.
- Key Assumptions – Summarises the basis for the 5 year plan. The CCG continues to plan for all of the expected business rules.
- Allocations – As a CCG the allocations we receive is deemed to be “close to target” which for us means we get the basic level of growth. Primary Care delegated allocations have been included into these plans.
- Resources expected and allocation of resources for the 5 years and the level of Quality, Innovation, Productivity and Prevention (QIPP) for the CCG to achieve. Progress is being made to identify savings and the CCG is utilising all available information/benchmarking.
- Levels of growth expected for the CCG and for the Primary Care allocation which has been modelled into the CCGs plans.

The CCG will continue to review and adapt plans as we work through the contracting round and wide system transformation planning processes.

Jackie Powell asked if the detailed assumptions take into account the living wage. Michelle Spandley said this was a good point and that the CCG may get growth in 2020/21 as there is an incremental change up to that point, however this is not certain but it has been programmed in.

Jackie Powell asked about co-commissioning. Michelle Spandley explained that it was named so it could be differentiated between the allocations we have always had for primary care such as prescribing.

Jackie Powell asked what would happen if we could not get the non-recurrent money back. Michelle Spandley explained that it does restrict the CCG in terms of contract negotiations but we do not have anything allocated to it but it does give flexibility.

Paul Cox asked about spend per head and if this was similar to other CCGs and he raised concerns that the running costs were the same for 5 years which effectively means a cut. Michelle Spandley explained that the spend per head value is close to the average and is reviewed from time to time. As for running costs we are expected to survive with the same level of funding and we have had a 10% reduction this financial year. We will need to ensure we manage the process but it is achievable.

Dr Jim Hogan asked if we knew what was meant by Growth included 7 days services. Michelle Spandley explained that the way it has been programmed is that the CCG has set aside an estimated level of investment and as we move forward we will need to firm up etc and ensure we keep to financial rules as best we can as a CCG.

**The Governing Board noted the Draft Financial Strategy 2016/17 to 2020/21 including acknowledgement of growth assumptions, inflation, proposed reserves for investment and contingencies, QIPP, together with anticipated risks and mitigating actions.**

## **12. Minutes of Other Meetings**

The minutes of the following meetings were presented for acceptance by the Board:

- Minutes of the Clinical Strategy Committee meetings held on 6 January 2016 and 3 February 2016.
- Minutes of the Audit Committee meeting held on 9 December 2015.

**The Governing Board accepted the minutes.**

## **13. Date of Next Meeting in Public and Handover of Chair Arrangements**

The next Governing Board meeting to be held in public will take place on Wednesday 18 May 2016 at 1.00pm in the Conference Room A, 2<sup>nd</sup> Floor, Civic Offices. Dr Tim Wilkinson thanked everyone for attending the meeting and reminded members of the public that feedback and comments would be welcomed.

Dr Tim Wilkinson said as this was his last meeting he would like to take this opportunity to say a few words. He thanked Jayne Collis for always ensuring the Governing Board minutes and papers are produced in a timely manner. He said it had been a privilege and pleasure to be part of Portsmouth CCG and he is very proud of the CCG. We need to look to the future and with Dr Elizabeth Fellows taking over as Chair and Dr Jonathan Lake joining the Governing Board this is a chance to “knock em dead”. He wished Dr Elizabeth Fellows good luck and said he has every confidence that she will get the best out of the team.

Dr Jim Hogan thanked Dr Wilkinson on behalf of the Governing Board and membership. He said that it has always been a partnership and we would not be where we are today without Dr Wilkinson. He has always had a level head and sits back and keeps calm and comes out with sense in the end. He always puts patients first and the outcome for patients has always been at the forefront. He thanked Dr Wilkinson for his support.

Innes Richens thanked Dr Wilkinson for all his work with staff and community organisations that he has worked with from the early days of commissioning right up to the present. He said he echoed what Dr Hogan said that his decisions have always been around the best for patients. His wit and wisdom has been hugely appreciated and his work on service improvements for patients in Portsmouth. He thanked Dr Wilkinson on behalf of the other local CCGs and said Dr Wilkinson would be missed.

Jayne Collis  
7 April 2016