

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting
held on Wednesday 16 November 2016 at 3.00pm – 5.00pm in Conference Room A, 2nd
Floor, Civic Offices, Portsmouth**

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

Agenda Item	Action	Who	By
5	Integrated Performance Report – Clarify the South Central Ambulance vacancy rate.	M Spandley	Jan 17
6	Governance Review – Share the Governance Review outputs with Bennet Low at NHS England for information.	T Sanders	Jan 17

Present:

Dr Dapo Alalade	- Clinical Executive
Dr Linda Collie	- Deputy Clinical Leader/Clinical Executive
Mr Paul Cox	- Practice Manager Representative
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Chair of Governing Board/Clinical Executive
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Dr Jonathan Lake	- Clinical Executive
Mr Tom Morton	- Lay Member
Ms Jackie Powell	- Lay Member
Mr Innes Richens	- Chief Operating Officer
Mrs Michelle Spandley	- Chief Finance Officer
Dr Tahwinder Upile	- Secondary Care Specialist Doctor

In Attendance

Mrs Jayne Collis	- Business Development Manager
Tracy Sanders	- Chief Strategic Officer

Apologies

Mr Andy Silvester	- Lay Member
Mr David Williams	- Chief Executive, Portsmouth City Council

1. Apologies and Welcome

Apologies received from Andy Silvester and David Williams.

Dr Elizabeth Fellows welcomed everyone to the NHS Portsmouth Clinical Commissioning Group (CCG) Governing Board meeting held in public. She 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.

2. Declarations of Interest

None.

3. Minutes of Previous Meeting

The minutes of the Governing Board meeting held on Wednesday 21 September 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 (6, 20.7.16)	Stakeholder Survey – Follow up with providers regarding the importance of participating in future national stakeholder surveys.	E Fellows	Nov 16	Complete.
6	Sustainability and Transformation Plan Update – Chair and Chief Clinical Officer to approve final draft STP submission on behalf of Governing Board.	J Hogan/ E Fellows	Nov 16	Complete.
7	Governance Review Update – Revised Terms of Reference for Committees, reflecting agreed revisions for membership, to be presented to November meeting.	E Fellows	Nov 16	On agenda.
9	Safeguarding Annual Report 2015-16 – Put in place arrangements for members to meet the Head of Safeguarding and her team possibly as part of safeguarding week.	I Richens	Nov 16	Innes Richens reported that arrangements were in hand.
14	Patient Story – The planned patient story to be rescheduled for a future meeting.	E Fellows	ASAP	A representative from Age UK will be presenting later on the agenda.

4. Chief Clinical Officer's Report

Dr Jim Hogan presented a paper which summarised 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:

- Sustainability and Transformation Plans – The revised draft was submitted as required nationally by the 21 October 2016. Plans are in place to produce a plan that can be presented to the public in the near future, however it is a high level strategy and we are

now focused on what and how it is delivered. We are now looking at local delivery systems to deliver the plan and the possibility of Portsmouth and South East Hampshire however this will not deflect from the Health and Care Portsmouth plan.

- Emergency Preparedness Resilience and Response (EPRR) Annual Report – NHS England have undertaken their review of our assurance process and have agreed a position of substantially compliant for the 3 COMPACT CCGs. They were also substantially assured for our providers.
- National Stakeholder Survey – Ipsos MORI have been re-commissioned to conduct the next annual CCG 360° stakeholder survey for 2016/17 on behalf of NHS England. The key dates for the survey are detailed in the report.
- Other Key Actions – Other areas key actions undertaken by members of the Clinical Executive include looking at the local implications and opportunities for the use of MCP arrangements and what it would mean for the City.

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

5. Integrated Performance Report

Michelle Spandley presented the Integrated Performance Report dated 16 November 2016 which provided an overview of progress against the delivery of the CCGs strategic priorities and plans, and overall CCG performance that defines an effective commissioner.

The following areas of the report were highlighted:

- Finance

The CCG remains on target to achieve the planned surplus. The CCG has received a non-recurring allocation from NHS England in respect of Primary Care. A review of reserves has enabled the CCG to report that it has no mitigating risks.

- Projects

The CCG remains vigilant in ensuring projects remain on track and where they are not likely to deliver deciding on whether or not to pursue them any further. This is undertaken via the Clinical Strategy Committee and Portsmouth Planning Programme Board.

- Performance

South Central Ambulance Service (SCAS) – Red 1 and 2 targets remain slightly off the improvement trajectory. Red 19 target has now been achieved.

Cancer targets – Consistent achievement of targets remains an issue with 2 week wait for breast symptoms and 62 day waits off track.

A&E 4 hour wait – Portsmouth Hospitals Trust (PHT) remain low at 80% and are off track to achieve the agreed trajectory of 85%.

Referral to Treatment (RTT) – PHT and therefore the CCG remain off track to achieve the 92% incomplete.

Diagnostics – PHT failed the 99% target in August. The CCG asked PHT to provide further information on each of the failing areas and are in the process of responding to the additional actions and assurances provided. A series of meetings with specific specialties have been scheduled.

A&E performance continues to be closely monitored. If PHT remain off track on the agreed performance trajectories there is likely to be a financial risk. As a system we need to work with them to help them achieve targets.

Quality - There are no new issues to report.

Care Quality Commission (CQC) – An enforcement notice was issued to PHT in February/March 2016 following an inspection of the urgent and emergency core service and medical services. During an inspection on the 29 and 30 September 2016, the CQC noted significant improvements with regards to the compliance of regulation 12: Safe care and treatment. The CQC formally wrote to the Trust on 13 October 2016 removing the condition/enforcement notice. The Trust will continue to monitor the data set as agreed with the CQC for quality and safety.

Solent – Have recently been inspected by CQC and have received the final report. The CCG will be involved in the formal CQC presentation and summit. The overall assessment is requires improvement however it is important to look at the individual service results. Mental Health services received a mix of good and requires improvement. Solent are being very transparent in reporting to us. We are particularly pleased to note that the Portsmouth Learning Disabilities Services – Integrated Health and Social Care Service – received an outstanding assessment.

Dr Linda Collie asked about Referral to Treatment (RTT) and should the CCG be sending its patients elsewhere as there are others in a similar position. Michelle Spandley commented that there was varying achievement of RTT across the area and it is difficult to find alternatives, however where they are available we are trying to pursue. PHT are looking internally to put on additional activity.

Dr Elizabeth Fellows commented that at a recent Clinical Leaders meeting they looked at the Cancer 2 week wait and Portsmouth is not the only area with issues.

Dr Jim Hogan commented that we should encourage members to use the choice system as that gives an indication of wait.

Dr Jonathan Lake commented that the planned care team are also looking at the issues.

Dr Tahwinder Upile stated that he was aware that University Hospitals Southampton were in discussions with PHT to transfer some work to them. It was noted that this was part of the Solent Acute Alliance work programmes.

Jackie Powell asked if the plans give any indication of timescales. Dr Jim Hogan commented that performance is declining nationally and the 62 day cancer target has not been achieved anywhere in the country, A&E performance has also deteriorated nationally. Emergency Departments are working better but the flow out of the department is a challenge. Everyone is working together and things take time and it is about taking ownership. Michelle Spandley commented that communication and collaboration with PHT has improved since last year.

Dr Jim Hogan commented that demand has not increased and is within the plan. Conveyance of frail and elderly is down and not everyone is being taken to hospital.

Paul Cox asked about the South Central Ambulance Service (SCAS) vacancy rate of 11%. Michelle Spandley agreed to check the figure and noted that this is not a new issue and is something that we have been working with SCAS on for a while.

Action: M Spandley

Dr Jim Hogan commented that a big issue for SCAS is losing workforce and part of the STP planning is about not taking workforce from each other.

Jackie Powell asked about the SCAS serious incident in October relating to an ambulance divert. Dr Jim Hogan commented that any ambulance divert triggers a serious event however on that particular date there were 17 ambulances queuing which affected all categories of calls. This was a significant issue but no harm was done to any patients waiting as a result of the queue.

The Governing Board accepted the contents of the Integrated Performance Report.

Post Meeting Note: *Michelle Spandley confirmed that the SCAS vacancy rate of 11% is an improving position and the Quality Team will continue to monitor.*

6. Governance Review

Dr Elizabeth Fellows explained that Tracy Sanders would join the meeting in order to present the next item.

Tracy Sanders presented a paper which provided a summary of the documents that have been updated as part of the Governance Review, undertaken during 2016, along with a summary of key amendments. She explained that there were no significant changes and that once approved it would be circulated to members. The Chair and Lead Manager for each Committee has agreed the proposed revised Terms of Reference.

Jackie Powell asked about the recruitment of the fourth lay member. Tracy Sanders explained that the role description is currently being put together and it is likely it will be advertised for in the New Year.

Michelle Spandley asked if the decision for a fourth lay member should be reconsidered as the CCG is trying to reduce costs. Tracy Sanders explained that the fourth lay member had been suggested as part of the review in response to guidance that states there should be a fourth lay member in order to allow more movement across Committees and better management of conflicts of interest. This had been agreed at the Governing Board meeting in September. Tracy noted that the minimum requirement was to have three lay members and therefore the appointment to a fourth was at the local discretion of the CCG. The Terms of Reference being considered would all need to be revised if a decision not to have a fourth lay member was taken.

Dr Elizabeth Fellows commented that one of the reasons for having the fourth lay member is that we have been criticised in the past for not having significant challenge. Dr Julie Cullen said that her view is that we need challenge now more than ever.

Michelle Spandley stated that the CCG will be challenged with reducing its running costs so we may have some difficult choices to make in the future.

Innes Richens commented that it was a valid question however if you look at what happens nationally on STP, often lay members are another way of getting a voice of the population.

Dr Elizabeth Fellows commented that she supported the recruitment of a fourth lay member but understood the concerns.

Dr Tahwinder Upile commented that the recruitment of a fourth lay member would reduce the Governance risk for the CCG.

Dr Dapo Alalade suggested representation from the younger population if possible.

Tracy Sanders commented on the revised Scheme of Reservation and Delegation and that it had been revised considerably following review by DAC Beachcrofts and input from herself and Michelle Spandley.

Dr Elizabeth Fellows commented that the draft Governance Map is for noting and comments and that it is a document that will change and move forward.

Paul Cox asked about Governance Map and the separation of member practices as detailed on page 6. Tracy Sanders explained that it shows the Governance for member practices who are the CCG and direct the Governing Board.

Jackie Powell about section 5.3.3 (j) in the Governance Map which refers to designing local incentive schemes as an alternative to the Quality Outcomes Framework. Tracy Sanders explained that it gives the CCG the power to do it but it does not mean that the CCG will.

Tracy Sanders said that if members had any further comments on the documents to let her know. It is hoped the revised framework and documents will be uploaded onto the CCG website in the New Year and will be reviewed periodically.

Dr Jim Hogan commented that it had been agreed that the CCG would share the Governance Review outputs with Bennet Low at NHS England for information. Tracy Sanders agreed to ensure this was done.

Action: T Sanders

The Governing Board:

- **Approved the revised Constitution and recommend it to member practices for their approval prior to submission to NHS England for a formal variation.**
- **Approved the revised terms of reference in respect of the:**
 - **Audit Committee**
 - **Remuneration Committee**
 - **Clinical Strategy Committee**
 - **Primary Care Commissioning Committee**
- **Approved the revised scheme of reservation and delegation.**
- **Reviewed the first draft of a governance map for the CCG noting that this is a live document and will be updated as required.**

7. Conflicts of Interests Management Arrangements

Dr Elizabeth Fellows explained that Tracy Sanders would remain at the meeting in order to present this item particularly on the absence of Andy Silvester, lay member who was going to present this item.

Tracy Sanders presented a paper which detailed the Conflicts of Interests management arrangements. The paper sets out the CCGs planned actions and those already taken in respect of this, specifically the revised Standards of Business Conduct Policy and Procurement Framework.

She noted that it has been proposed that Andy Silvester be appointed as Conflicts of Interest Guardian and he had worked closely with DAC Beachcrofts in order to understand the role.

The Governing Board:

- **Approved the Standards of Business Conduct Policy.**
- **Approved the Procurement Framework.**
- **Approved Andy Silvester as Conflicts of Interest Guardian.**
- **Noted the requirements regarding assurance and audit.**
- **Noted the next steps.**

8. Minutes for Approval

The minutes of the NHS Portsmouth CCG Annual General Meeting held on 28 September 2016 were presented for approval.

The Governing Board approved the minutes.

9. Minutes of Other Meetings

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

- Minutes of the Clinical Strategy Committee meeting held on 7 September 2016.
- Minutes of the Primary Care Commissioning Committee meeting held on 20 July 2016.

The Governing Board accepted the minutes.

10. Joining Forces with Friends Service

Dr Elizabeth Fellows welcomed Carol Elliott, Business Manager from Age UK to the meeting. She noted that the CCG is working closely with local organisations to improve the health and wellbeing of Portsmouth veterans. As home to the Royal Navy and former major army garrison town, we feel strongly that we have a special duty to better understand and help with some of the issues for veterans. We have a Veterans' healthcare event planned for the end of this month, and today have invited Carol Elliott, Business Manager from Age UK to inform us about a new scheme currently being launched in Portsmouth to help older veterans. We are keen to hear more about the service, the background to it and how it will help our older veteran population, and know that Carol will also be in attendance at our event later this month where we will be discussing the health of veterans of all ages. Carol gave a presentation on a new scheme currently being launched in Portsmouth to help older veterans called "Joining Forces with Friends".

Dr Elizabeth Fellows thanked Carol Elliott for taking the time to attend the meeting and present details of the new service.

11. Date and Time of Next Meeting in Public

The next Governing Board meeting to be held in public will take place on Wednesday 18 January 2017 at 3.00pm – 5.00pm in Conference Room A, 2nd Floor, Civic Offices.

Dr Elizabeth Fellows thanked everyone for attending the meeting and reminded members of the public that feedback and comments would be welcomed.

Jayne Collis
8 December 2016