

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 17 April 2013 2013 at 1.00pm – 3.00pm in the Entertainments Hall, St James' Hospital, Locksway Road, Milton, Portsmouth PO4 8LD**

**Summary of Actions  
Governing Board held on Wednesday 17 April 2013**

<b>Agenda Item</b>	<b>Action</b>	<b>Who</b>	<b>By</b>
3	Quality Premiums briefing paper to be presented to next Board meeting	J Gooch/ KHovenden	May 13
3	Ethical/Decision Making Framework to be made available on the CCG website.	I Richens	May 13
3	Updated Procurement Strategy to be presented.	I Richens	Future meeting
11	Register of Interests – Updates to be provided in writing to Jayne Collis regarding changes.	All Members/ J Collis	May 13
11	Register of Interests – Review and standardise use of titles in CCG documentation.	I Richens	May 13
12	COMPACT for Collaborative Working – Review GP representation at PSEHCC and agenda sharing/management arrangements within the CCG.	J Hogan	May 13

**Present:**

Dr Dapo Alalade	- Clinical Executive
Dr Linda Collie	- Clinical Executive
Paul Cox	- Practice Manager Representative
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Clinical Executive
Jo Gooch	- Chief Financial Officer
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Tom Morton	- Lay Member
Jackie Powell	- Lay Member
Innes Richens	- Chief Operating Officer
Dr Tahwinder Upile	- Secondary Care Specialist Doctor
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive

**In Attendance**

Jayne Collis	- Business Services
Katie Hovenden	- Director of Professional and Clinical Development
Dr Andrew Mortimore	- Interim Director of Public Health

**Apologies**

Margaret Geary	- Local Authority Representative
----------------	----------------------------------

## 1. Apologies and Welcome

Apologies were received from Margaret Geary. Dr Tim Wilkinson welcomed everyone to the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held in public. He reminded those present that although the meeting was being held in public it is not a public meeting and therefore no participation from members of the audience is allowed during formal business of the Board. However there is a Question and Answer session being held after the formal meeting at 3.15pm and that questions may be taken during Item 13.

## 2. Declarations of Interest

None.

## 3. Minutes of Previous Meetings

The minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 20 February 2013 were approved as an accurate record.

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

Agenda Item	Action	Who	By	Progress
5	Quality Report – Detailed report on CCGs response to the Francis Report to be provided at next meeting.	IR	Apr 13	On agenda.
5	Quality Report – Confirmation from providers that they do not have “gagging clauses” in place in contracts or agreements.	IR	Apr 13	Innes Richens reported that Trusts had been written to in March reminding them of their duties regarding “gagging clauses” and that existing guidance (HSC 1999/198 and HSC 2004/001) is very clear.
7	Finance Report – Delegated responsibility to Clinical Executive via the Chief Clinical Officer and Chief Finance Officer to sign off the final “transfer scheme” on behalf of the Governing Board. Update to be presented to next meeting.	JG/ JH	Apr 13	Update contained within Finance Report on agenda.
8	2013/14 Plan and Draft Budget – Identify measures in Quality Premium relevant to practices and translate for practices the contribution they should make.	KH	Apr 13	Katie Hovenden reported that as far as possible quality premiums had been aligned with practices. It was agreed a briefing paper on Quality Premiums would be presented to the next meeting. <b>Action: J Gooch/K Hovenden</b>
8	2013/14 Plan and Draft Budget – Delegated responsibility to Clinical Executive via the Chief Clinical Officer and Chief Finance Officer to sign off final budgets in March to be reported to the next meeting.	JG/ JH	Apr 13	Opening budget report on agenda.
9	38 Degrees Petition to NHS Portsmouth Clinical	JG/ IR	Apr 13	Innes Richens explained that the CCG does not have specific whole

Agenda Item	Action	Who	By	Progress
	Commissioning Group – Discussion on the incorporation of “whole life cost” into the CCGs revised procurement strategy.			life criteria however there are a number of criteria that covers it and we are looking at it routinely. It was agreed that the ethical/decision making framework would be made available on the CCG website. <b>Action: I Richens</b>
9	38 Degrees Petition to NHS Portsmouth Clinical Commissioning Group – Recommendations from the paper to be implemented.	IR	Apr 13	see below *
10	Register of Interests – Updated register to be presented to next meeting.	TW/ JC	Apr 13	On agenda.

\* Innes Richens referred to the recommendations regarding the Procurement Framework and explained that amendments to the CCG Procurement Framework have been made as agreed by the Board in February 2013. The CCG is also reviewing the implications of the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013. These were released on 13 February 2013 and after release received significant challenge from some sectors on the basis that they would require Clinical Commissioning Groups to run a procurement process for any change it wanted to make to local services.

Health Minister Norman Lamb announced on 5 March 2013 that the regulations would be re-written to make it clear that “no CCG (Clinical Commissioning Group) will be forced into competitive tendering”. Following this announcement, the Department of Health has published six amendments to the regulations. A significant change is to regulation five, which originally stated that a CCG could only award a contract without tender “for technical reasons” or for “reasons of extreme urgency”. These definitions have been taken out. The new regulation 10 says commissioners must not be “anti-competitive” unless it is in the interest of patients. The amendment now reads that commissioners can act anti-competitively if it is “in the interest of people who use health care services for the purposes of the NHS” - and it gives examples of alternative methods. In particular, integrated services or “co-operation between the persons who provide the services” are offered as alternative ways of serving patient interests. Regulation 15 has been amended to clarify that Monitor “may not direct a relevant body” to hold a competitive tendering process for a contract. The other regulation amendments involve stressing the importance of integration as a model and the requirement for commissioners to record how their awarding of a contract complies with their duty to supply integrated services.

We are thus considering these new, revised regulations and will incorporate them into our Procurement Framework. We plan to approve the revised Procurement Framework within the next two months – subject to there being no further changes the Section 75 regulations.

Innes Richens further explained that a debate is taking place in the House of Lords on 24 April 2013 and it would be wise to await outcome of this. It was agreed that an updated Procurement Strategy would be presented once national regulations were finalised.

**Action: I Richens**

Dr Tim Wilkinson commented that surely it was the CCGs decision on whether to procure or not and Innes Richens confirmed that it was the CCGs decision but they would have to justify its reasons.

Dr Tim Wilkinson asked the representatives of 38 Degrees if they were happy with the answers provided and they confirmed that they were.

#### **4. Deferred Items**

None.

#### **5. Chief Clinical Officer's Report**

Dr Jim Hogan presented a report which set out the key decisions and actions undertaken by the Clinical Executive under the leadership of the Chief Clinical Officer on behalf of the Governing Body. He highlighted the main points and drew attention to the key actions reporting that the contract with Solent had been signed and that although there were still issues with the PHT contract work was underway on this. The CCG website is still in its early stages and we would welcome any feedback.

Dr Jim Hogan said that he was pleased to announce that Dr Linda Collie had joined the Board as a Clinical Executive, she had previously been a clinical commissioning lead for the CCG on Children and Maternity services.

Dr Julie Cullen asked about the plans for supporting all staff and what the boundaries were. Dr Jim Hogan explained that initially the focus would be CCG directly employed staff and that there is an event being held on 1 May 2013 where CCG staff will receive the CCG handbook.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the report.**

#### **6. Quality Report**

Dr Dapo Alalade presented the Quality Report which provided a summary of the key quality issues and developments. He highlighted the main areas of the report.

Innes Richens commented that for clarification the Ambulance response times relate to the whole of the Trust area and in Portsmouth response times are ok.

Katie Hovenden asked about the MRSA target and if there was a common thread in the route cause analysis. Dr Dapo Alalade explained that three cases were line related, one was in ITU and that the full route cause analysis was awaited, we have asked that they share learning.

Jackie Powell asked about Ambulance handover delays and if there was a sustainable solution. Innes Richens explained that Ambulance handover delays had improved and had spiked in the winter. He said that the PHT arrangements are sustainable and it is an area which needs close monitoring.

Dr Jim Hogan commented that nationally we have seen a 7-10% increase in attendance in the Emergency Department, and locally we have seen a 7% increase; however we appear to "buck the trend" as admissions are down but we still have issues with attendance.

Tom Morton commented on the admission of an under 18 to an adult mental health ward and asked how confident the CCG was that if another case like this occurred, that we could cope. Innes Richens explained that this type of incident is very rare and so to have an empty bed just in case may not be a good use of funding which is why we spot purchase. The delay in funding approval is being addressed to ensure that in future the patient is dealt with first and then the funding is sorted out later and we are working to ensure this principle is understood. Jo Gooch commented that in future this will be a

Specialist Commissioning responsibility. Dr Jim Hogan said that we have a responsibility to our patients to ensure there are no gaps in service and we will need to “hold the ring” for all commissioners.

Dr Tahwinder Upile commented on the MRSA cases and that most lines are put in, in ITU so should be “spot on”. Dr Dapo Alalade explained that ITU were assessed on equipment and processes used and that the Consultant felt the cases were unavoidable.

Dr Tahwinder Upile commented on the Patient Information Near Miss and that he felt this was a significant loss of data. Dr Tim Wilkinson explained that this was related to a huge campaign and that a member of staff had put the forms in a locked box in a locked cupboard however Solent were investigating this as a near miss.

Jo Gooch commented that Ambulance handover last week was a bad week and under the new contract it is much harder and there are more penalties.

Paul Cox asked about NHS 111 and new Out of Hours Service performance. Dr Jim Hogan explained that NHS Portsmouth CCG is the lead commissioner for NHS 111 for the SHIP area which has been a challenge as we have two different providers; it has also been a challenge nationally. Locally we have seen an increase in demand for services but not as high elsewhere and rectification plans are in place for both service to improve. It seems to work ok during the week and at weekends it seems to be a challenge.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the report.**

## **7. Performance Report**

Jo Gooch presented the Performance Report for April 2013 and explained that it covers the period April 2012 to January 2013 and therefore related more to PCT data rather than CCG data.

### A & E 4 Hours Wait

Despite having a rectification plan PHT performance is still lower than the target and last week they reported 92.59% against the target of 95%. It is about how we manage the increased in demand and Dr Jim Hogan chairs a group looking at this and it seems other Trusts locally are also struggling.

Dr Jim Hogan commented that although we have seen attendances go up we believe the bulk is in Primary Care manageable work and the key is how it is managed. The focus in the past has been to sign post patients away from A&E but this has not been successful so we now need to manage work at the front door and there is a group looking at this.

Jackie Powell asked about discharges and re-attendance. Dr Jim Hogan explained that currently there is an issue with electronic discharge summaries and PHT have acknowledged that their system is not working and work is ongoing to look at options. Jackie Powell asked if there were step down alternatives. Katie Hovenden explained that we are aware that a pilot has just been started by Solent which involves opening beds in the Grove at the Victory Unit for just this purpose. Dr Jim Hogan commented that we also have the Spinnaker Ward which is a step down unit.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the report.**

## 8. Finance Report

Jo Gooch presented the Finance Report as at month 11 which included a SHIP transition and legacy update. She explained that the department are currently in the process of year end and closing of the PCT and draft results indicate that all targets have been achieved.

Jo Gooch referred to the transfer schemes and noted that one item on the transfer scheme to the CCG, Business Transfer Agreement, has been disputed as it was shown as an interest for the CCG which was incorrect and will be amended when the process allows.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the report and noted that it does not reflect the CCGs current and ongoing performance.**

## 9a. Opening 2013/14 Budget

Jo Gooch presented a report which detailed the opening 2013/14 budget for Portsmouth Clinical Commissioning Group. Jo explained that the Portsmouth Hospitals Trust contract is yet to be finalised and agreed and therefore the finalised budgets were not yet available. The South Central Ambulance Service contract, led by a compact sister CCG, is not yet agreed as the level of activity needs to be looked at.

Jo Gooch explained that the disaggregation of budgets to the CCG structure has caused a number of issues particularly around Specialised Services which were being looked into.

The CCG has a QIPP target of £6.7m and some schemes have been outlined and agreed with Solent and some schemes relate to PHT and are still in negotiation so there is an element of risk.

Dr Andrew Mortimore asked about the PCT legacy debt. Jo Gooch explained that there was no PCT legacy debt and because the PCT had made a surplus, the CCG would receive a share of this which is £2.4m.

Jackie Powell asked if providers cost improvement plans received an inflation uplift. Jo Gooch explained that the cost improvement programme is set nationally at 4% and therefore if providers received a 1% inflation uplift this would make it 3%.

**The NHS Portsmouth Clinical Commissioning Group Governing Board approved the Opening 2013/14 Budget and Investment Schemes and noted the key issues, risks and mitigations.**

## 9b. Planning Process 2013/14 Update

Jo Gooch presented a paper which provided an update of progress against the planning process for 2013/14. She explained that the final date for submission of the financial plans to the NHS Commissioning Board is 17 April 2013.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the report.**

## 10. NHS Portsmouth Clinical Commissioning Group Commissioning Plan 2013 - 2016

Innes Richens presented the NHS Portsmouth Clinical Commissioning Group Commissioning Plan 2013-16. He explained that the plan had been updated from the previous year and has three main sections:

- Vision and Strategy – this has not changed;

- Commissioning Intentions – these were signed off at the December 2012 Board meeting;
- Operating Plan – this sets out the initiatives we aim to deliver in the next year to deliver our strategy, often referred to nationally as QIPP schemes.

It reconfirms the CCG's commitment to its strategic priorities and the production and delivery of the plan involves every function and team in the CCG. Credit should be given to Michael Drake, Head of Performance and Planning, and his team who co-ordinate the production and quality assurance of the schemes and the progress of their delivery throughout the year.

Tom Morton added his congratulations to Michael Drake and his team commenting that the plan provides a lot of clarity and is easy to read. He said that it was important that it is shared as widely as possible and he would ensure it was shared with the voluntary sector. Innes Richens agreed that we need to take every opportunity to share the document and if any organisations would like a CCG representative to visit and speak about it, he would be more than happy to do so.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the revised CCG Commissioning Plan for 2013-2016.**

## **11. Register of Interests**

Dr Tim Wilkinson presented the NHS Portsmouth Clinical Commissioning Group Register of Interests. He commented that he was aware that it was already out of date. Dr Tahwinder Upile and Dr Linda Collie indicated that their details needed amending. It was agreed that members would let Jayne Collis know of any changes to their details in writing as soon as possible and a revised version will be presented to the next Governing Board meeting.

**Action: All Members/J Collis**

Dr Julie Cullen commented on the use of titles e.g. representative and the lack of consistency. It was agreed that CCG documentation would be reviewed to ensure standardised use of titles.

**Action: I Richens**

## **12. COMPACT for Collaborative Working**

Dr Jim Hogan presented the updated COMPACT for Collaborative Working between the Clinical Commissioning Groups of NHS Fareham and Gosport, NHS Portsmouth and NHS South Eastern Hampshire for approval. He reassured members that it does not devolve any decision making authority to another organisation is it about having a unified approach with providers.

Dr Elizabeth Fellows commented that the COMPACT is essential and valuable. She asked about representation on the Portsmouth and South East Hampshire Commissioning Collaborative (PSEHCC) and should this be three representatives from each CCG as currently Dr Tim Wilkinson and Dr Jim Hogan attend. Dr Tim Wilkinson said that he thought three were invited but only one was expected to attend for the purpose of quoracy. Dr Jim Hogan said that it would depend on what was on the agenda as to whether other representatives would need to attend. He added that PSEHCC is not a decision making group it is an opportunity to work together on issues that need it. It was agreed that GP representation and agenda sharing/management arrangements would be reviewed within the CCG.

**Action: J Hogan**

Tom Morton added that he and Jackie Powell are planning to attend a future PSEHCC meeting as observers and will work closely with other Lay Members.

Jo Gooch commented that although we do not have a signed contract with PHT yet, working together has been a key strength and this will follow through into the contract.

**The NHS Portsmouth Clinical Commissioning Group Governing Board approved the COMPACT for Collaborative Working between the Clinical Commissioning Groups of NHS Fareham and Gosport, NHS Portsmouth and NHS South Eastern Hampshire.**

### **13. Project Closure Report: Reprovision of Exbury Ward, St James Hospital**

Innes Richens presented the Project Closure Report: Reprovision of Exbury Ward, St James Hospital. He explained that last year the decision was made to support the proposal to close Exbury Ward and this paper summaries the process that was undertaken both pre and post closure. A post-closure review was conducted which was reviewed in January.

Dr Tim Wilkinson commented that the review was very enlightening and sometimes it's the small things that are most important such as having ambulances arrive on time and people there to greet patients etc.

Dr Elizabeth Fellows commented that it had gone well and that her only comment was that perhaps the patient's GPs could have been kept more informed. Innes Richens said that he accepted her point and this was something that was picked up in the review.

Innes Richens thanked Jackie Charlesworth and her team for her coordination of the project and in particular Dr Carole Trotter and her team on Exbury for the care and attention they gave to the transfer and the patients in what must have been a difficult time for themselves.

**The NHS Portsmouth Clinical Commissioning Group Governing Board noted and accepted the report.**

### **14. Report into the Mid Staffordshire NHS Foundation Trust Public Inquiry**

Dr Dapo Alalade and Innes Richens presented the Report into the Mid Staffordshire NHS Foundation Trust Public Inquiry. They provided a presentation on the background to the Inquiry and the response from NHS Portsmouth Clinical Commissioning Group to the report.

Dr Linda Collie asked about patient experience and what the CCG is doing to ensure GPs are included in the loop. Innes Richens explained that for NHS 111 the CCG has made the commitment to respond to professionals and it also makes that commitment for GPs.

Tom Morton commented that there is a role for the voluntary sector and an opportunity to get the plan out to each patient group and he would be taking the report to the new healthwatch group.

Dr Jim Hogan commented that we have two Foundation Trusts locally and this will impact on them going forward and we need to be conscious of our role in this.

Dr Andrew Mortimore commented on the report and how we could empower patients and ensure that every contact counts and make the cultural change happen.

Jackie Powell commented that it is about moving forward and she felt that for someone to lose their job over a medical error would be a backwards step.

Dr Julie Cullen commented that part of her role at the University is to have responsibility for training nurses and the core training is based on values and ethics and people taking individual responsibility.

Dr Tim Wilkinson said that there is an awful lot of good practice and work that goes on in the NHS and we need to assure the public and encourage them to report any concerns.

Dr Tim Wilkinson asked members of the audience if they had any comments or questions on the report and presentation.

A member of the public raised a question about cost savings and reductions in staffing levels and if Portsmouth Hospitals have a certain level of qualified nurses at all times.

Jo Gooch explained that there are processes which ensure that impact assessments are undertaken regarding the impact on patients and quality for any cost improvement plans.

The member of the public said that it “seemed to imply there is a minimum safe level”. Dr Julie Cullen explained that there are national papers and guidance published which is monitored. Jo Gooch commented that it was not part of contractual performance indicators but it is covered via quality and outcome indicators and Innes Richens said that quality and safety frequently “trumps” money. Dr Julie Cullen commented that most important was the competencies and confidences of staff.

#### **The NHS Portsmouth Clinical Commissioning Group Governing Board:**

- **Considered the implications of the key themes from the Francis report and the government’s response, and how the CCGs wants to shape and influence the provision of healthcare for the people of Portsmouth in the light of these.**
- **Formally accepted the Francis report’s recommendations which are directly applicable to the CCG (Appendix B).**
- **Approved the proposed CCG strategic approach and implementation plan for ensuring safe and high quality care. (Appendix A).**
- **Considered and approved the proposed plans for patient, public and staff consultation, listening and engagement.**

#### **15. Minutes of Other Meetings**

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

- Clinical Commissioning Committee meetings held on 6 February 2013 and 6 March 2013.
- Shadow Health and Wellbeing Board meetings held on 26 September 2012 and 7 December 2012.

**The NHS Portsmouth Clinical Commissioning Group Governing Board accepted the minutes.**

#### **16. Date of Next Meeting**

The next Governing Board meeting will be held in public and will take place on Wednesday 15 May 2013 at 1.00pm in the Entertainments Hall, St James’ Hospital.

## **17. Meeting Close**

Dr Tim Wilkinson thanked everyone for attending the meeting and reminded members of the public that feedback and comments would be welcomed. He declared the formal part of the meeting closed and explained that the Board would now consider and respond to a number of questions from members of the public. The full list of all questions asked and a summary of the responses will be published on the CCG website in due course.

Jayne Collis  
24 April 2013