

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting
held on Wednesday 20 July 2016 at 2.30pm – 3.45pm in Conference Room A, 2nd Floor,
Civic Offices, Portsmouth**

**Summary of Actions
Governing Board held on Wednesday 20 July 2016**

Agenda Item	Action	Who	By
5	Integrated Performance Report – Feedback to be provided on the revised format of the report to Michelle Spandley	All Governing Board Members	Sep 16
5	Integrated Performance Report – Provide further information on issues related to the transfer of notes in general practice to Michelle Spandley.	P Cox	Sep 16
5	Integrated Performance Report – Reduce the use of acronyms contained within the report.	M Spandley	Sep 16
6	Stakeholder Survey – Follow up with providers regarding the importance of participating in future national stakeholder surveys.	E Fellows	Sep 16
6	Stakeholder Survey – Consider involving practice manager in future commissioning evenings when the content is appropriate.	J Hogan	Ongoing
6	Stakeholder Survey – Utilise TARGET sessions more for providing feedback to member practices on decisions taken.	J Hogan	Ongoing
8	Governing Board Assurance Framework - Consider how timescales could be incorporated into the GBAF as part of the review of the risk management framework for the Audit Committee.	I Richens	Dec 16
9	Annual Complaints Report – Consider how benchmarking can be included in future reports.	I Richens	Ongoing
9	Annual Complaints Report – Check that Charts 2 and 3 on page 4 of the report are correct as they appear to be duplicates of each other.	I Richens	Sep 16
11	Register of Interests – Remove Dr Janet Maxwell.	E Fellows	Sep 16

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
 Mr Andy Silvester - Lay Member
 Mrs Michelle Spandley - Chief Finance Officer

In Attendance

Mrs Jayne Collis - Business Development Manager
 Mr David Williams - Chief Executive, Portsmouth City Council

Apologies

Dr Matthew Smith - Consultant in Public Health (on behalf of vacant Director of Public Health, Portsmouth City Council position)
 Dr Tahwinder Upile - Secondary Care Specialist Doctor

1. Apologies and Welcome

Apologies received from Dr Matthew Smith and Dr Tahwinder Upile.

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.

Dr Elizabeth Fellows explained that unfortunately the timing of the meeting had been reduced to accommodate the Annual General Meeting which would follow the Governing Board meeting and there would be a brief break at the end of the meeting whilst appropriate adjustments to seating arrangements are made. She asked that presenters should assume papers have been read and should give short concise presentations which set out any updated and new information as well as highlighting any key risks.

She reported that due to the unfortunate continued absence of Dr Tahwinder Upile, the services of Dr Ian Reid, Secondary Care Representative for Fareham and Gosport CCG have been secured, to ensure there is Secondary Care input to the meeting when necessary. Unfortunately Dr Reid is unable to attend the meeting today but has reviewed the papers and has no comments.

2. Declarations of Interest

None.

3. Minutes of Previous Meeting

The minutes of the Governing Board meeting held on Wednesday 18 May 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
3b	Matters Arising - Engage Governing Board members in the development of the	I Richens	Jul 2016	Innes Richens reported that this was discussed at a recent Board Development

Agenda Item	Action	Who	By	Progress
	Sustainability and Transformation Plan.			session. A meeting has been held with the centre and feedback from that will be shared when it is received in full.
6	Governing Board Work Programme 2016/17 – Consider how patient stories and the Q&A session could be re-incorporated at some of the future Governing Board meetings.	E Fellows	Jul 2016	Tracy Sanders and Dr Elizabeth Fellows are looking at how the afternoons can be structured differently in order to accommodate aspects of these,
7	CCG Operating Plan 2016/17 – Provide update on arbitration with SCAS.	M Spandley	Jul 2016	Michelle Spandley reported that full arbitration was not undertaken as an agreed way forward was found and the contract is now signed.
7	CCG Operating Plan 2016/17 – Consider how better to reflect the CCGs work with Children and Young People as well as Mental Health in future plans.	M Spandley	Ongoing	This is ongoing and when future plans are looked at the information will be enhanced.
8	Register of Interests – Update as requested and present to next meeting for approval.	E Fellows/ J Collis	Jul 2016	On 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:

- Blueprint – The official title is “Health and Care in Portsmouth”. Leads for workstreams have been identified and we have started to engage with the voluntary and community sector.
- Portsmouth Hospitals NHS Trust (PHT) CQC Inspection Report – The CQC report was published on 9 June 2016 and PHT have now responded to the report and the CCG has issued a contract performance notice and continues to work closely with PHT to support them and ensure services are safe and effective.
- Solent Devolution Proposal: Strategic Governance Review – The CCG has supported the draft submission for a Combined Authority across the three councils (Isle of Wight, Portsmouth City and Southampton City).
- NHS England Annual review of Primary Care Delegated Commissioning – The CCG was reviewed by NHS England and they acknowledged the difficulties of transformation whilst recognising the contribution of the CCG in respect of collective work on process design.

- NHS Clinical Commissioners (NHSCC) Healthcare Transformation Conference – NHS Portsmouth CCG were first runner-up in the Clinical Commissioning Leadership category at the NHSCC Healthcare Transformation Awards held on 29 June 2016.

Jackie Powell informed members that the Healthwatch 'mystery shopper' findings were being discussed with our City Wide Patient and Participation Group on the 27 July 2016 to further engage them in this work.

Jackie Powell asked about the Solent Devolution proposal and if it tied in with the Sustainability and Transformation Plan (STP). David Williams commented that he thought they were related and that he does not think there will be a boundary that suits all. The City Council will still be working on a bigger boundary for some aspects of healthcare and there is a need to ensure sustainability and delivery of services at the right tier.

Dr Jim Hogan recognised the complexities of the STP and partnership working occurring on a number of levels. He particularly noted that there were emerging differences in the South and the North of the Hampshire focused STP but all were working within the overall architecture of the STP.

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

5. Integrated Performance Report

Michelle Spandley presented the Integrated Performance Report dated 20 July 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 report is presented in a slightly different style with a high-level executive summary at the front presenting the key information under each priority area and asked that members provide her with any feedback.

Action: All Governing Board Members

The following areas of the report were highlighted:

- Finance

The CCG remains on track to meet its 2016/17 target surplus of £1.3m. In order to achieve this it needs to review reserves and workstreams. At a recent meeting the CCG was informed of an additional funding pressure relating to funded nursing care and the CCG needs to ensure it can achieve the surplus and may need to call back the 1% that has been set aside as required by national guidance.

All main contracts are now signed.

- Performance

- PHT A&E 4 hour wait - trajectory was achieved at the agreed target which is still below the 95% national level. It was noted that PHT are expected to achieve 85% going forward in this year.
- Referral to Treatment (RTT) target – performance is better than expected at around 92%.
- Cancer targets – The 62 day target remains a concern.

- South Central Ambulance Service (SCAS) – failed to achieve all the three national standards for May. There are ongoing discussions on how to improve the situation as this is linked to whether we get system transformation funding.

- Quality

There are no new issues and the CCG continues to work on those previously highlighted.

David Williams commented on the importance of workforce planning and said that he did not see this strongly in the indicators in the report. This was discussed and it was recognised that if this is a critical issue or risk it would be highlighted in a specific area but Innes Richens agreed to consider if we could do more proactively.

Paul Cox commented on the number of potential risks to be imposed as detailed on page 22 of the report and asked for some reassurance that our actions will not have an adverse impact. Innes Richens explained that the CCG does make efforts to manage the impact on services for patients and that it needs to continue to review the risk and impact of any of its plans. He said that he cannot honestly say there will not be an impact on services however what is important is quality and patient safety which are carefully reviewed.

Paul Cox raised an issue that members practices are struggling with Capita regarding transfer of patients notes as well as payments by Capita being delayed and asked that the CCG make representation on behalf of member practices to raise the concerns. Michelle Spandley explained that Capita have taken over from the PPSA on the way practices get paid and the transfer of patients notes. The CCG are working with practices to inform them of the changes to the payments schedule and are working with practices to minimise any issues. With regards to the transfer of patient notes she said she was not aware that there was an issue and in order to take this forward would find it helpful for practices to raise concerns to her. Paul Cox said that the issue had been discussed at a recent Practice Managers forum and agreed to provide further information to Michelle Spandley.

Action: Paul Cox

Dr Dapo Alalade asked about the unidentified QIPP (Quality, Innovation, Productivity, Prevention) savings causing a cost pressure. Michelle Spandley explained that the unidentified QIPP is where we do not have a plan to cover all savings requirements. Benchmarking is looked at to see if there have been any missed opportunities and then we would look at investment funds to see if the gap could be covered by that and focus on schemes that would deliver a significant amount of savings.

Dr Jim Hogan commented that a lot of behaviour is driven by targets that are set including through CQUIN programmes. Michelle Spandley explained that each provider has put forward plans and are taking forward a different subject matter. Progress is being made and there is engagement with all providers including PHT.

Dr Elizabeth Fellows asked about PHL (Partnering Health Limited) Out of Hours service and if there was a timeframe as the report states it is waiting for evidence. Michelle Spandley explained that further information had been received from PHL and discussions are ongoing. The contract is in its final year so they are clear on the sums of money that each CCG will pay. Portsmouth and Southampton CCGs want to take the contract forward as a fixed price but this is not a common view across all commissioners. Quality issues continue but it is hoped that by resolving the financial issues it will assist in tackling some of the quality matters that are outstanding as well.

Jackie Powell asked about pressure on the mental health budget. Michelle Spandley explained that a pilot is in place to review mental health placements occurring outside of

the area and the CCG are continuing to review the situation to ensure we have an ongoing process of reviewing patients and bringing them back locally and putting them on the recovery programme where appropriate and possible. Innes Richens commented that the service is seeing an increase in demand generally in mental health - including section 136 and in-patients. The CCG are working with Solent as our local provider to understand the reasons behind the rise in demand and it is hoped this will inform future reports and actions.

Jackie Powell asked about the long waits relating to podiatric surgery. Michelle Spandley explained that the CCG has been aware of this for a while and are working to try to improve the situation. Dr Jonathan Lake said that unfortunately the backlog had got unmanageable but that work is ongoing with the service to resolve the situation.

Jackie Powell asked what COBIC was. Michelle Spandley explained that COBIC was a new way of contracting with an outcomes based focus.

Tom Morton thanked Michelle Spandley for the report in its new format and commented on the number of acronyms used. He asked if this could be reduced for future reports and to ensure they are explained in future. Michelle Spandley agreed to improve on this for the next report.

Action: M Spandley

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

6. Stakeholder Survey

Dr Elizabeth Fellows presented a paper which set out the results of the national stakeholders survey undertaken by IPSOS MORI on behalf of NHS England earlier this year. She asked Governing Board members for their comments and ideas on the proposed next steps and whether there were any further actions we should be considering.

Jackie Powell commented that only one of our providers responded and asked how we could encourage them to give feedback in the future. Dr Elizabeth Fellows agreed to follow up with providers regarding the importance of participating in future surveys.

Action: E Fellows

Paul Cox said that whilst the level of response has reduced he thought the level of feedback was good.

Dr Jonathan Lake commented that the drop in year on year satisfaction from primary care may be related to the optimism/pessimism of primary care at the moment.

Dr Jim Hogan commented that there seems to be a national trend in certain areas however it is worth remember that it is the opinion on a particular day in time. There is some work we can do on the importance of taking part but overall our results are still generally better than the nation average.

Jackie Powell commented that it is useful to know that people understand how feedback has influenced CCG decisions. Dr Linda Collie commented that the new way of reporting quality concerns into the CCG will help in the future.

Dr Elizabeth Fellows asked if members had any thoughts on how we might feedback to practices better.

Dr Dapo Alalade commented that it is likely that mainly practice managers complete the surveys rather than GPs so perhaps involve practice managers in commissioning evenings

in the future. Paul Cox agreed that if some of the evenings were designed around matters that practice managers could be involved in then the CCG would get more engagement from them. Dr Jim Hogan agreed to consider this for future meetings.

Action: J Hogan

Dr Linda Collie commented that TARGET events would be a prime tool. It was agreed that TARGET sessions would be utilised more for providing feedback to member practices on decisions made.

Action: J Hogan

The Governing Board discussed and noted the results from the national stakeholder survey and the proposed next steps.

7. Governance Review

Dr Elizabeth Fellows presented a paper which outlined the work undertaken to date on the Governance Review being undertaken by DAC Beachcrofts along with key recommendations and proposed next steps.

Andy Silvester reported that the Remuneration Committee had met recently and looked at each recommendation, where they were referenced in the report, and identified work that needed to be done to ensure the CCG meets the recommendation and will be actioned in due course.

Dr Elizabeth Fellows drew attention to Section 4.2 detailed on page 3 and asked members for their comments on the recommendations.

Dr Jim Hogan reminded members that one of the reasons the CCG had commissioned external facilitation of this year's governance review was as a consequence of challenges from the NHS England. He felt it is a challenge for NHS England to understand how the CCG is clinically led given our model is unique within Wessex. He hoped that the governance map will provide further assurance to them.

It was noted that the membership throughout the review have given strong support that the CCG continues to be clinically led via its current dual clinical leadership model in place as set out in the CCGs Constitution. Therefore whilst the CCG may be an outlier in using this model the mandate from members could not be ignored.

Discussion took place that the concerns from NHS England had been ongoing for some time and that this was the second external governance review the CCG had commissioned in response to this. Both reviews have been positive about the CCGs arrangements and therefore it was unclear what more could be done to assure NHS England further.

It was noted that the most recent assurance meeting with NHS England had been very positive and it was hoped that our working relationships will continue to mature. It was also noted that the CCG has agreed to talk to the Wessex Commissioning Assembly about the work of the governance review and key findings in order that other CCGs can learn from our experience. This was seen as a very positive action to undertake and further details were awaited from NHS England about doing this.

Dr Dapo Alalade commented that the clinical leadership and engagement model within our CCG works and the review validates this. However he noted the importance of succession planning for this model and was pleased the Remuneration Committee had reviewed this recently.

Michelle Spandley commented that the work that has been undertaken by DAC Beachcrofts has added real value to the CCG and has enabled the CCG to tidy up its processes and understand and articulate its accountabilities and structures better for all both internally and externally.

Dr Elizabeth Fellows provided an example that following challenge from NHS England and support from DAC Beachcrofts the CCG now had a much clearer understanding of appraisal and management arrangements for the various senior leadership roles on the Governing Board and Clinical Executive.

Dr Elizabeth Fellows drew attention to Section 4.12 detailed on page 5 and asked whether members wished for her to continue to have a portfolio. Dr Linda Collie commented that to remove Dr Fellows from responsibilities completely would be a waste of skills however we need to be careful what the responsibilities are in order to avoid any perception of issue.

Dr Jonathan Lake asked if the Remuneration Committee debated the issue and it is the Chair's role rather than Dr Fellow's role. Andy Silvester commented that the process for succession planning is important and there is still work to be done. With regards to the Chair role the view of the Remuneration Committee was "if it's not broken why fix it".

Dr Julie Cullen commented that it seemed clear that it was important to ensure the roles revolve around the organisation not an individual and that there is a clear accountability and governance framework. Just because it does not fit with the national trend is not a reason to change it. The Governing Board concluded that they perceived the risks to be minimal with the current model of the Chair holding some executive portfolios. Therefore, whilst they recognised these, they felt new arrangements regarding appraisal and management provided mitigation for the current arrangements to continue.

Dr Elizabeth Fellows thanked members for their feedback and said that we will continue to review and keep the issue live and that it is important we use this work for our benefit.

The Governing Board agreed the recommendations and next steps.

8. Governing Board Assurance Framework

Innes Richens presented the Governing Board Assurance Framework which had been reviewed by the Clinical Executive on behalf of the Audit Committee which the Audit Committee has subsequently approved for presentation to the Governing Board. He drew attention to the amendments detailed on the covering sheet noting that two new risks had been added.

Jackie Powell commented that it would be useful to have some sort of timescale for each risk. Innes Richens explained that it is something that is being looked at and agreed to remind the team to consider how timescales could be incorporated into the GBAF as part of the review of the risk management framework for the Audit Committee.

Action: I Richens

Paul Cox asked about the rationale behind removing the IT risk from the register as he had heard of potential problems if the STP puts further constraints on the ability to deliver. Innes explained that rather than a generic IT risk this would be picked up in respect of specific issues and programmes of work should the risk be perceived as significant enough to feature on the assurance framework.

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

9. Annual Complaints Report

Innes Richens presented a paper which provided a summary of the complaints received by NHS Portsmouth CCG during the period 1 April 2015 to 31 March 2016. He reported that 34 complaints were received into the CCG during this period which is the same number received in 2014/15. Delays in the provision of wheelchairs appeared to be a particular theme this year and significant progress in the service is now being made. One complaint highlighted issues for patients with lymphedema and as a result the CCG is looking into the possibility of commissioning a local service to improve the pathway.

Paul Cox asked if the diversity of complaints was comparable to other CCGs. Innes Richens explained that the comparison of complaints is not nationally benchmarked however it is something that will be considered for future reports.

Action: I Richens

Paul Cox asked if the number of complaints was due to the process which they have to use to complain. Innes Richens explained that as a general rule the CCG encourages patients to complain to the service it relates to. The CCG receives complaints about a number of issues some are about how we commission and some about the services provided. Information on how to complain to the CCG is currently not very clear on the website and we are in the process of changing this including moving it to a more prominent position. We are not convinced that leaflets are the best way of promoting the complaints process.

Dr Linda Collie commented that the data contained in Charts 2 and 3 on page 4 appeared to be the same and asked that the validity be checked. Innes Richens commented that this was unusual and agreed to check the information.

Action: I Richens

The Governing Board noted the report and approved it for publication of the CCG website subject to the data on page 4 being checked.

10. Lead Provider Framework and Commissioning Support Unit Services

Michelle Spandley presented a paper which provided a briefing on the expectations for re-procurement of commissioning support services. She explained that the CCG currently buys services from the South Central and West Commissioning Support Unit (CSU) and the Service Level Agreement (SLA) is due to expire in December. In order to accommodate the timescales for re-procurement the paper requests that the current contract be extended until 31 March 2018 to ensure the process is undertaken at an appropriate pace and while we go through the Sustainability and Transformation Plan (STP) and our plans. CSU have agreed to hold the financial price to 2018 so there will be a small saving.

Dr Jim Hogan asked about potential VAT impact of procuring from a private provider that had been raised nationally and whether this had been resolved. Michelle Spandley explained that a meeting is due to be held with the team shortly to see what the implications are for organisations to charge VAT and then claim back.

The Governing Board agreed the proposed next steps including agreeing to extend the current Service Level Agreement to accommodate the timescales for re-procurement.

11. Register of Interests

Dr Elizabeth Fellows presented the Register of Interests as declared at 20 May 2016. It was noted that Dr Janet Maxwell should be removed. Dr Julie Cullen clarified the reason for the change in her submission.

Action: J Collis/E Fellows

The Governing Board accepted the Register of Interests.

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 4 May 2016 and 1 June 2016.
- Minutes of the Audit Committee meeting held on 2 March 2016.
- Minutes of the Health and Wellbeing Board meeting held on 2 December 2015.
- Minutes of the Primary Care Commissioning Committee meeting held on 16 March 2016.

The Governing Board accepted the minutes.

13. Date and Time of Next Meeting in Public

The next Governing Board meeting to be held in public will take place on Wednesday 21 September 2016 at 3.00pm – 5.00pm in Conference Room B, 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
4 August 2016