

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting
held on Wednesday 22 January 2014 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 22 January 2014**

Agenda Item	Action	Who	By
5	Performance Report – Link commissioning teams with Public Health regarding promotion of stop smoking with providers.	IRichens	March 14
5	Performance Report – Agreed Chairs action in taking forward the proposed investment of £2m to PHT and delegated testing of terms to Clinical Commissioning Committee.	JGooch	March 14
6	Governing Board Assurance Framework - Review Sustainability Development Management Plan and consider whether sustainability is a strategic risk as part of the next review of the Governing Board Assurance Framework.	JGooch	March 14
10	Lessons Learned from the Daniel Pelka Case – Presentation to be made available on the CCG website.	JCollis	March 14
10	Lessons Learned from the Daniel Pelka Case – Incorporation into work programme – Review information sharing from QA and undertaken audit of GP notification	IRichens (LSmith)	March 14

Present:

Dr Dapo Alalade	- Clinical Executive
Dr Linda Collie	- Clinical Executive
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Clinical Executive (from 1.25pm)
Jo Gooch	- Chief Financial Officer
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
Jackie Powell	- Lay Member
Innes Richens	- Chief Operating Officer
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive

In Attendance

Jayne Collis	- Assistant Development Manager
Dr Janet Maxwell	- Director of Public Health, Portsmouth City Council
Dr Lorraine Smith	- Consultant Designated Nurse Safeguarding Children (Item 10)
Michelle Spandley	- Deputy Chief Finance Officer (Item 8)
David Williams	- Chief Executive, Portsmouth City Council

Apologies

Paul Cox	- Practice Manager Representative
Tom Morton	- Lay Member
Dr Tahwinder Upile	- Secondary Care Specialist Doctor

1. Apologies and Welcome

Apologies were received from Paul Cox, Tom Morton and Dr Tahwinder Upile.

Dr Tim Wilkinson introduced Dr Janet Maxwell, who had been appointed as Director of Public Health at Portsmouth City Council, and welcomed her to the meeting.

Dr Tim Wilkinson welcomed everyone to the NHS Portsmouth Clinical Commissioning Group (CCG) Governing Board meeting held in public. 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. There would be, following the close of formal business, a question and answer session which he hoped members of the public would fully participate in.

2. Declarations of Interest

None.

3. Minutes of Previous Meetings

The minutes of the Governing Board meeting held on Wednesday 27 November 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
3	Minutes of Previous Meeting – Agreed amendments to be made.	J Collis	Jan 14	Complete.
5	Integrated Performance Report – Link with the quality team re C Diff and antibiotic prescribing.	K Hovenden	Jan 14	Innes Richens agreed to check on progress. Action: IRichens
5	Integrated Performance Report – Undertake a general review of key health outcomes and where we have made a positive impact, and report this back to the Board at a future meeting.	J Gooch/ A Mortimore	Future Mtg	Jo Gooch explained that a report would be presented to a future meeting.
5	Integrated Performance Report – Define locally what we mean by “harm free care” and look further at how we should use patient stories as a source of feedback to complement information from providers.	D Alalade/ I Richens/ J Cullen	Jan 14	See below*
6	Register of Interests – David Williams to provide update to the register to Jayne Collis for inclusion in the next iteration.	D Williams	Jan 14	Complete.
7	CAMHS Review Presentation – Copy of presentation to be available on CCG website.	J Collis	Jan 14	Complete.

* Dr Dapo Alalade commented that “harm free care” is a national quality set parameter and is defined by the absence of pressure ulcers, harm from a fall, urine infection (in

patients with a catheter) and new VTE. Dr Julie Cullen explained that there is a whole website on harm free care and it is a new term that the NHS uses which is related to these 4 conditions. Innes Richens confirmed that the Quality team had started the process regarding patients' stories and will start to incorporate it in the quality reporting.

Dr Julie Cullen commented that she had attended a regional event recently and would share the presentation with the quality team.

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 the leadership of the Chief Clinical Officer on behalf of the Governing Board and highlighted the following:

- Portsmouth Hospitals NHS Trust Delivery

Dr Jim Hogan explained that he had written to the Chief Executive of Portsmouth Hospitals NHS Trust (PHT), Ursula Ward, on behalf of the CCG membership, to raise concerns about the capability and commitment of PHTs current leadership to deliver the improvements and service transformation that is required for people in Portsmouth. This is in light of a number of areas of concern such as cancer services, elective waiting times and backlog management, and emergency department performance. Both NHS Fareham and Gosport and NHS South Eastern CCGs also wrote similar letters of concern to PHT. A response to the letter has been received however it did not specifically address the issues raised. The CCG would continue its dialogue with PHT and the local CCGs as well as discussing the issues as part of its ongoing dialogue with the Trust Development Authority (TDA) and NHS England (Wessex).

- Everyone Counts

Dr Jim Hogan explained that NHS England published its strategic and operational planning guidance entitled "everyone counts: planning for patients 2014/15 to 2018/19". This sets out a framework for commissioners to have a strategic plan to cover a 5 year period. This will be discussed in more detail later as it is an item on the agenda but the good news is Portsmouth's neighbouring CCGs have been given a higher than average level of growth which will assist the local health system in future years.

- Provision of Wheelchair Service

Dr Tim Wilkinson explained that due to the timescales involved a Chairs Action was taken following a review of the recommendations at the Clinical Commissioning Committee. The Governing Board are requested to formally note the Chairs Action.

The Governing Board formally noted that Chairs Action has been taken on the CCGs behalf regarding the Provision of Wheelchair Services.

- Medicine for Older People, Rehabilitation & Stroke Services (MOPRS)

Dr Jim Hogan explained that a stakeholder workshop had been held on 3 December 2013 to focus on identifying and agreeing the key actions that would deliver the agreed outcomes over the next 6-12 months. Five outcomes were agreed, with supporting measures and a delivery support unit has been established to support the programme and sponsor boards to take this forward.

- Celebrating Success

Dr Jim Hogan reported that NHS Portsmouth CCG in partnership with NHS Fareham and Gosport CCG and NHS South Eastern Hampshire CCG was awarded second place and "highly commended" in the Best New Organisation category for its work in setting up the "COMPACT" and shared working arrangements.

Jackie Powell asked about the concerns around cancer services, as mentioned in the letter to the Chief Executive of Portsmouth Hospitals Trust, and how people may be affected if targets have been missed. Dr Jim Hogan explained that since the letter was sent, a special meeting had been held with NHS Fareham and Gosport and NHS South Eastern Hampshire CCGs and Portsmouth Hospitals Trust. Portsmouth Hospitals Trust set out plans to address the situation and there is now a rectification plan which is about sustaining performance. The impact on patients is a significant concern to all three CCGs and Portsmouth Hospitals Trust. Jackie Powell asked about the numbers involved. Jo Gooch explained that it was an improving position and the number of patients that are breaching the target have reduced by 85 down to 58 so the performance is currently improving however we need to see the position sustained.

Dr Tim Wilkinson commented that patient choice has affected some of the targets which are set nationally. There is a small team looking at 2 week referrals into PHT as the feeling is that this could be improved. We have to take into account national campaigns such as those around lung cancer, blood in pee and the screening programme for bowel cancer, all of which will have had an impact on the referral rate. We can predict some peaks and troughs and need to ensure performance in these areas are sustained throughout. There is some good work going on at Portsmouth Hospitals Trust and we want to improve on this for patients which is an important message to the Board and members of the public.

Dr Jim Hogan commented that a teleconference had been arranged with the Trust Development Authority to look at how we take things forward with Portsmouth Hospitals Trust. NHS England Wessex Area Team are also involved and on board. Dr Tim Wilkinson said that we need to make sure we are supporting the community and ensure that patients know care will not be affected.

Dr Elizabeth Fellows joined the meeting.

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

5. Integrated Performance Report

Jo Gooch presented the Integrated Performance Report dated 22 January 2014. She explained that the CCG fully achieved 19 of the 23 NHS Constitutional Rights and Pledges and Other Key Priorities and provided updates as follows:

Quality and Performance

In December 2013 it was reported that PHT had agreed a recovery plan with the Trust Development Authority to rectify performance issues by the end of November 2013 and the CCG agreed to reinvest £1m of penalties that had been incurred via the national contract terms and conditions to support the Hospital in achieving this. There have been some signs of improvement

A&E 4 hour waits - The urgent care centre opened in November and there was some improvement in early November but this deteriorated in December and early January when performance was 92.8% seen against a target of 95%. A Contract Query Notice is due to be issued as the Quarter 3 target was not achieved. However last week there was a significant improvement with an unconfirmed position of 97.9% reported. This needs to be sustained. .

Cancer - In October 3 out of 9 cancer standards were failed. This improved in November and 7 out of 9 were achieved. The unvalidated position for December is that all targets were achieved but this is not expected to be sustained in January. The number of cancer patients waiting longer than the standard has reduced. Discussions have taken place and a Contract Query Notice has been issued but a remedial action plan is still to be agreed. A further in depth meeting is to be scheduled following a Quality Surveillance meeting.

RTT - Aggregate targets achieved in November and December however in December specialty fails in Urology (admitted), General Surgery (non admitted) and Trauma & Orthopaedics. The forecast for January is challenging and PHT are working to improve the position and an action plan is yet to be agreed.

Diagnostics - The CCG failed the target in December with 31 out of 32 patients relating to PHT. PHT also failed the target which was related to non attendance.

For RTT times and activity we have agreed a combined approach and agreed to work together to understand and agree a way forward.

Friends and Family Test - In October the PHT Friends and Family Test score was the lowest nationally. In November this improved slightly. The Quality team are involved and have visited PHT to review. The situation is believed to be due to operational pressure and patient moves, promotion of the test and the data collection method which has led to negative responses. PHT have now changed their method of collection and hope to see a significant improvement.

C Diff - Slightly below threshold with 24 incidents against a threshold of 25.

Discharge Summaries - Good progress being made but further work needed around quality of data. A new system is coming into the Emergency Department in January but needs some technical fixes.

Ambulance - All targets achieved in November for Category A calls.

Quality Issues - Areas requiring close monitoring include; HCAI, staff survey, Friends and Family test, Cancer, Falls, Pressure Ulcers.

CCG Balanced Scorecard

Estimated position for Quarter 3 is:

Domain 1: Amber-Green – related to Friends and Family Test

Domain 2: Amber-Red – related to RTT

Domain 3: Amber-Red – related to CDiff

Domain 4: Green

Domain 5: N/A

Jackie Powell asked about the backlog in Ophthalmology and if there was any feedback relating to the Ambulance Handover delays. Jo Gooch explained that Ophthalmology is an improving position and plans are in place looking at sustaining the service. PHT are looking at the backlog and have done work around assessment and clinical validation. With regards to Ambulance Handover delays, this is an improving position. Dr Jim Hogan commented that no patients had suffered harm as a result of the delays.

Janet Maxwell commented that a lot of discussion has been about the hospital treating people who are not well and asked what is being done to promote healthy lifestyles and smoke free in the grounds as well as the hospital building. Dr Tim Wilkinson said that the hospital is not smoke free in its grounds, there is a lot of self care information in the A&E

department and the hospital has signed up to the stop smoking programme. It is a very important question and we could look at GP practices also. Innes Richens said that he would be more than happy to link commissioning teams with public health to see what more could be done.

Action: IRichens

Finance

Jo Gooch reported that the CCG is on target to achieve £2.4m surplus at year end. Forecast outturn position has been agreed with PHT. Pressure areas for the CCG include; acute commissioning spend, Spire Trauma & Orthopaedics, Section 117 Mental Health Placements, Children's Continuing Care. Key risk related to Property Services are now resolved, as there is a national solution to only charge CCGs the allocation they have received. We are awaiting a credit note. There is a new risk related to legacy balances which we are working to resolve with NHS England. QIPP is on track although it differs from the original plan. Running costs are within threshold and we have received a rebate of £84k from the CSU. We are not utilising our contingency at the moment and there are no cash issues.

Dr Jim Hogan said he would like to clarify that we have not withheld any money from Portsmouth Hospitals Trust. Jo Gooch explained that as part of an early contract query some money was temporarily withheld however this has now all been paid.

Dr Tim Wilkinson asked about the legacy money. Jo Gooch explained that NHS England will need to transfer the process to CCGs.

Jo Gooch reported that since the report was written a request had been received from Portsmouth Hospitals Trust for additional contract funding of £2m to support their ongoing transformation and to enable them to break even. One element of the transformation is financial stability which will enable flexibility to make service improvements to improve performance. PHT are embarking on a change programme to redesign services and they have significant cost improvement challenges. They are reporting at the moment that they cannot achieve financial balance.

Jo requested that the Governing Board discuss whether they are happy to agree to the additional £2m. The CCG has successfully managed its financial risks this year and therefore it can utilise its contingency to help PHT. To relieve the pressure would be of benefit to the CCG membership and patients. By taking the pressure away it may help them to sort out their performance. We would need to be clear on our expectations of PHT in return for providing the funding.

Innes Richens explained that the PHT contract had delivered the activity expected and we have paid for all the activity. No funding has been withheld. We have also invested in the Rapid Response programme, the City Council have invested in reablement as well both support PHT. He said that as he understands it that the £2m does not provide for additional services but helps PHT manage their projected deficit. He noted that every pound spent over and above with PHT is a pound spent less in the community.

Dr Tim Wilkinson asked what would PHT do if we did not have the money and commented that our sister CCGs have not got any contingency to offer. Jo Gooch explained that it would impact on services. As well as the contribution requested from the CCG Jo Gooch reported that she understands that PHT would receive funding from the Trust Development Authority as well.

Dr Tim Wilkinson asked if the £2m would be better invested elsewhere and would patients be affected. Jo Gooch said that if PHT end with a deficit this year they would have to find additional savings next year. By providing the £2m this year it would take off the pressure

for further cost improvements therefore if we did not put in the funding PHT would be in an even worse position next year.

Dr Elizabeth Fellows asked if we did not give the money to PHT would be able to spend it effectively in the next 2 months. Jo Gooch said that we would not.

Dr Linda Collie asked if the CCG has the commitment from PHT. Jo Gooch explained that there would be commitments that the PHT Board would be expected to sign up to in return.

Dr Jim Hogan commented that we need to look at the whole system and the benefit that would be gained if we put the money in. We need assurance that we are buying transformation to go forward and not to set a precedent as we will not have the money next year.

Dr Julie Cullen said that if we could afford it we should do it as patients should not be in the middle or be affected.

Janet Maxwell commented that we would need very clear conditions.

Jackie Powell said that she would want to see what the £2m will do.

David Williams said that he would be happy to support the funding however it is a huge amount of money and if the Trust Development Authority is another source of funding to the hospital then we should be looking for leverage through them.

Jo Gooch said that confirmation from the PHT Board would need to be clear and also with the Trust Development Authority would be crucial.

Dr Jim Hogan said that before the conditions are applied it would need to come to the Governing Board for ratification and then to PHTs Board.

Dr Tim Wilkinson summarised that he hears general support from Governing Board members but some reservations on needing to be clear on our expectations in return. He declared that the Governing Board was approving the business case for investing a further £2m with PHT this financial year but that we would need to set clear terms and conditions. .

Jo Gooch proposed that the March Governing Board meeting would be too late to do this. She suggested that the proposal be circulated to the Governing Board members and then Chairs Action be taken. Dr Jim Hogan suggested that the proposal be presented to the Clinical Commissioning Committee and the ratified at the March Governing Board meeting.

The Governing Board agreed Chairs Action in taking forward the proposed investment of £2m to PHT and delegated testing of terms to the Clinical Commissioning Committee.

Action: JGooch

The Governing Board noted the key achievements of the CCG for the reported period, noted the financial position of the CCG and reviewed areas of concern.

6. Governing Board Assurance Framework

Jo Gooch presented the Governing Board Assurance Framework which is presented on a quarterly basis. It has been reviewed by the Clinical Executive and approved by the Audit Committee. There are no major changes to the Framework and proposed additions and amendments are highlighted in red.

GB06 – This is being addressed as it is recognised that there are key vacancies in the hosted commissioning team. There is a programme in place to support and cover.

Integration Transformation Fund (ITF) is now known as the Better Care Fund (BCF) and IT and Estates areas need further work.

Dr Janet Maxwell commented that she would be keen to see environmental sustainability and wider environmental issues considered. Jo Gooch agreed to review the CCGs Sustainability Development Management Plan and consider whether sustainability is a strategic risk as part of the next review of the Governing Board Assurance Framework.

Action: JGooch

Dr Tim Wilkinson asked if GB06 had affected the delivery of the programme of work. Jo Gooch explained that it is putting teams under pressure to deliver and progress is probably slower than we would have liked, and the teams are constantly prioritising as a consequence. Dr Tim Wilkinson commented that we need to be mindful of the effects on staff.

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

7. Summary 2014/15 Planning Guidance and Commissioning Intentions

Jo Gooch presented a paper which provided a summary of “Everyone Counts: Planning for Patients 2014/15 to 2018/19” which was published by NHS England at the end of December 2013. It sets out 7 ambitions which are consistent with the CCGs themes and plans.

Jo Gooch explained that there is a financial challenge and if nothing changes by 2021 there will be a £30billion funding gap. There is a requirement to have a 2 year operational plan and a 5 year strategic plan by 20 June 2014. The guidance talks about the Better Care Fund and confirms the value for Portsmouth as £13m by 2015/16. The CCG does have a Better Care Fund plan which will be discussed separately as a future agenda item. This will have a significant impact on the CCG as it is not new money.

Jo Gooch explained that the Commissioning Intentions are combined for Portsmouth and South East Hampshire and are attached to the paper and presented to the Governing Board for their information. They reflect the work done on developing service plans over the last year and the CCGs key strategic programmes.

The Governing Board noted the key elements and requirements of the 2014/15 planning guidance and the commissioning intentions of the CCG.

8. Draft Financial Strategy

Michelle Spandley presented the Draft Financial Strategy 2014/15 – 2018/19 which detailed the current financial modelling for the short and medium term. She highlighted the key principles detailed on page 3 and summary financial model on page 4. Minimum growth is £5.1m and the distance from target is slightly under target and will be slightly under by 2014/15 and we will receive the minimum level of growth, this is ongoing.

The CCG has not yet fully identified schemes to meet the 2014/1 or 2015/16 Quality, Innovation, Prevention, Productivity Targets (QIPP) challenge. We are making headway in identifying schemes and there are some vacancies in teams which is making progress slower than we would have liked.

Dr Jim Hogan commented on the key risks detailed on page 7 and asked if the improved financial position of our two neighbouring CCGs has improved their QIPP position which would in term improve our position. Michelle Spandley explained that they are working to review plans and it is expected that, as a result of the improved position, their QIPP gap will reduce.

Dr Jim Hogan commented that he was pleased to see the changes to contracts to move toward outcome based rather than block or Payment by Results (PbR) style contracts. Jackie Powell asked what this meant for the CCG and what advantages there were. Jo Gooch explained that PbR had been around for approximately ten years and was a way to increase activity when there were long waiting lists. Now PbR does not support treating patients that need a whole package of care and it is about getting the right care package for patients and if providers get it right they will be paid. It is about outcomes and how to work differently.

Dr Julie Cullen thanked the Finance team for putting complex information into an easily understandable format.

Jo Gooch commented that national guidance has been followed and she thinks the plan gives a good foundation for the Better Care Fund work and new investments. One thing that is different from the national guidance is that we have set aside an additional 1.0% in 2014/15 to address transition and transformation needed for the Better Care Fund in 2015/16. This means that we would have less in the “pot” if things go wrong and specific approval for this is needed from the Governing Board. Dr Tim Wilkinson commented that he has increasing confidence in the way that we are commissioning.

Dr Dapo Alalade commented on the amounts set aside as detailed on page 3 and should we be spending more? Jo Gooch explained that we have to spend to save in future years and this is where the Better Care Fund is instrumental.

David Williams said that he welcomed the report and it was good to see the figures and we need to make investments now as things could change after the general election. Jo Gooch commented that things get tougher as you go along and the QIPP challenge increases.

It was noted that the recommendations/actions requested detailed on the front sheet of the paper should read “Governing” not “Clinical Commissioning”.

The Governing Board:

- **Agreed the Draft Financial Strategy noting that it follows Everyone Counts guidance except for:**
 - **An additional 1.0% set aside in 14/15 to address transition and transformation needed for Better Care fund in 15/16**
 - **Running costs – to identify QIPP savings from 14/15 in order to achieve 10% reduction by 15/16**
- **Agreed the level of investment, reserves and contingency**
- **Agreed the QIPP challenge of £5.2m (14/15) & £5.6m (15/16)**
- **Noted that the plan is dependant of contract discussions and any further national guidance**
- **Noted the risk and mitigation actions.**

9. Register of Interests

Dr Tim Wilkinson presented the Register of Interests as declared at 14 January 2014.

The Governing Board accepted the Register of Interests.

10. Lessons Learned from the Daniel Pelka Case

Dr Lorraine Smith gave a presentation on Learning Lessons from Serious Case Reviews in particular the Daniel Pelka Case. A copy of the presentation will be made available on the CCG website as soon as possible after the meeting.

Action: JCollis

Dr Tim Wilkinson thanked Dr Lorraine Smith for her presentation noting that it was a very sad and emotive issue but we seemed to be doing good work in Portsmouth.

Dr Elizabeth Fellows commented that GPs were not being notified of domestic abuse cases and whilst information goes to the Joint Action Team, GPs do not directly get the information, this has been raised several times. Dr Lorraine Smith said that she was concerned to hear this and would seek assurance by undertaking a review of information sharing and an audit of GP notification and agreed to incorporate this into the work plan.

Action: IRichens/LSmith

Dr Linda Collie commented on the use of interpreters and that often friends and family members are accepted and there is a lot of learning around involving outside interpreters needed.

Dr Elizabeth Fellows commented that GPs are not informed of Emergency Department discharges of children. Dr Lorraine Smith said that she would look into this further.

Dr Jim Hogan said that with the new IT system going into the Emergency Department there is an opportunity to ensure that the information coming back out is relevant and informing.

David Williams thanked Dr Lorraine Smith for a very important presentation and commented that stating that “no action required” is a brave statement on any of the issues and he encourages the use of audits. Where processes are in place it does not always mean they are operating appropriately. Dr Lorraine Smith took on board David Williams comments and said that it is a starting point and the aim is to gain assurance.

Dr Janet Maxwell said that she echoed David William’s comments and that there should be continued oversight of what is happening and we need to keep tight observance.

11. Minutes of Other Meetings

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

- Clinical Commissioning Committee meetings held on 6 November 2013 and 4 December 2013.
- Audit Committee meeting held on 11 September 2013
- Health and Wellbeing Board meeting held on 25 September 2013.

The Governing Board accepted the minutes.

12. Date of Next Meeting

The next Governing Board meeting to be held in public will take place on Wednesday 26 March 2014 at 1.00pm in the Entertainments Hall, St James’ Hospital.

13. 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 Governing 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.

Dr Tim Wilkinson added that he had been asked to advertise the questionnaire “Join in with our Healthy Discussions programme” and encouraged audience members to complete one and return it to the CCG.

Jayne Collis
4 February 2014