

Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting held on Wednesday 24 September 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 24 September 2014

Agenda Item	Action	Who	By
3	Matters Arising: (p11 Item 14 Listening to Patients) - Innes Richens to provide an update on progress with University of Portsmouth on potential co-working with students on designing messages for younger people.	I Richens	Next meeting
4	Chief Clinical Officers Report – Innes Richens to confirm the timescales for the external governance review.	I Richens	Next meeting
5	Integrated Performance Report – Provide information on discharge summaries and the current situation in the next integrated performance report.	Michelle Spandley	Next meeting
8	Governing Board Assurance Framework – The Audit Committee to closely scrutinise GB08 in relation to Information Technology.	T Morton/ I Richens	Next meeting
9	Register of Interest – Revised version to include all voting members of the Clinical Executive Committee.	T Wilkinson/ J Collis	Next meeting
11	Patient Story – Patient story presentation to be uploaded to the CCG website.	J Collis	End of Sept

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
Tom Morton	- Lay Member
Jackie Powell	- Lay Member
Innes Richens	- Chief Operating Officer
Andy Silvester	- Lay Member
Michelle Spandley	- Chief Finance Officer
Dr Tahwinder Upile	- Secondary Care Specialist Doctor
Dr Tim Wilkinson	- Chair of Governing Board/Clinical Executive

In Attendance

Dr Janet Maxwell	- Director of Public Health, Portsmouth City Council
Victoria Sexton	- Business Development Manager (Minutes)

Apologies

Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
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1. Apologies and Welcome

Apologies were received from Dr Jim Hogan and David Williams.

Dr Tim Wilkinson introduced Michelle Spandley, who had been appointed as Chief Finance Officer, 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

Declarations of interest were noted for all GPs relating to Agenda item 7 – Primary Care Co-Commissioning. It was agreed they could take part in the discussion as no decision was required of the Governing Board.

3. Minutes of Previous Meeting

The minutes of the Governing Board meeting held on Wednesday 16 July 2014 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	Integrated Performance Report – To discuss smoke free hospital plans in relation to CQUIN with PHT.	J Maxwell/ J Gooch	Sep 14	Ongoing, meetings are taking place with PHT.
12	Register of Interests – Revised version to reflect new governance arrangements to be presented.	J Collis/ T Wilkinson	Sep 14	On agenda.
14	Listening to our Patients First Annual Report 2013/14 – Timescales, where known, on the forward plan to be published.	I Richens	Sep 14	Complete. **See below.
14	Listening to our Patients First Annual Report 2013/14 – To be published on the CCG website.	I Richens	Sep 14	Complete.

** Jackie Powell asked if there had been any progress with the University of Portsmouth on potential co-working with students on designing messages for younger people. Innes Richens explained that work is ongoing and he agreed to provide an update at the November Board meeting.

Action: I Richens

4. Chief Clinical Officer's Report

Dr Elizabeth Fellows 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. She highlighted the main areas of the report:

Better Care Programme – This work is moving forward at a pace. There have been recent changes to the policy framework, with new national guidance issued in July 2014 and revised plans are due to be submitted by 19 September 2014.

Dementia – The CCG continues to have very good performance in this important priority area. The CCG has set itself a very challenging aspiration to achieve 80% diagnosis rate in its 2014/15 plans and will continue to work with its member practices to deliver this.

External Review of Governance – It has been agreed to commission an external review of the governance arrangements for the three CCGs in Portsmouth and South Eastern Hampshire. This review will focus in particular on how the CCGs operate collectively and individually to hold the wider system to account, whether this works in practice, and whether the individual CCGs are clear about these accountabilities. The commissioning of a provider to complete this review is currently being undertaken and the Governing Board will be kept informed of progress of the review.

COMPACT – Over recent months the three CCGs who are party to the COMPACT have been reviewing the existing COMPACT as part of the annual review process. A revised draft COMPACT is in the process of being drafted however it has been agreed that due to the proposed external review of governance arrangements that consideration will be given to the outcome of this before approving an updated version of the COMPACT. Therefore the Governing Board agreed to continue to recognise the existing COMPACT until this was complete.

HSJ Inspirational Women List – Many congratulations to Katie Hovenden, our Director of Professional and Clinical Development who was recently included in the Health Service Journal (HSJ) 2014 list of inspirational women.

Best of Health Awards – We are pleased to see many individuals and teams from across the local system nominated in this year's awards. The winners will be announced at an Awards Ceremony on the 17 October 2014.

Tom Morton asked what the timescales are for the completion of the external governance review. Innes Richens explained that it would be a short timescale of weeks rather than months and he agreed to source this information and confirm to the Board.

Action: I Richens

In response to questions from Jackie Powell, Innes Richens confirmed that the level of reductions in emergency admissions required was no greater than existing plans and were included in our current QIPP modelling. Michelle Spandley also confirmed to Jackie that the previously discussed £1m contribution from NHS England was included in the £15m figures quoted.

Andy Silvester highlighted that he is pleased to see that the CCG is exceeding the national average in the diagnosis of dementia. He asked if we have the resource capability to achieve the 80% diagnosis set out in the 2014/15 plans. Dr Tim Wilkinson explained that it is important to recognise the work undertaken by our member practices.

He reported that the method of calculating the prevalence has been changed and our position against our new target is being reviewed.

Dr Janet Maxwell commented that it is important to raise the awareness of the 'Dementia Friends' campaign in the city. Andy Silvester echoed this point. Dr Tim Wilkinson highlighted the importance of early recognition of this disease for both the individual and the carers and family.

The Governing Board accepted the report.

5. Integrated Performance Report

Innes Richens highlighted the key risks for Quality from the Integrated Performance Report dated 24 September 2014:

Solent NHS Trust: increase in demand on services and financial pressures – Solent NHS Trust has reported risks to the delivery of services due to increased demand and financial constraints of the block contract arrangement. The CCG has received assurance that quality of care is not being compromised. The CCG has requested copies of Solent's monthly assurance reports.

NHS 111 (SCAS): Data quality issues related to reporting – Potential data quality issues have been identified which could impact on the accuracy of Key Performance Indicators. This is currently under investigation and the CCG is awaiting final review outcomes by the end of September 2014.

PHT: A&E 4 hour targets – The continued failure of the A&E 4 hourly wait target at PHT remains a key quality and safety risk.

PHT: Quality of cancer services – Performance is variable and feedback from patient surveys and Friends and Family Tests remains low, however there are signs that this is improving.

PHT: Discharge from inpatient care – Discharge summaries at PHT continue not to be issued within 24 hours and completed to the required standard. PHT submitted a Remedial Action Plan in August 2014 although this was not considered to contain the level of detail required. Therefore funds have been withheld until an updated plan has been agreed.

Healthcare Acquired Infections – There have been 11 reported cases of C.Diff for the CCG in July against a target of three. The year to date position of 21 has exceeded the trajectory of 13. The majority of cases have been attributed to the community. The CCG Quality Team analyse each case and have so far found no common themes.

Safeguarding – Concerns regarding the reporting processes within Solent NHS Trust for safeguarding and pressure ulcers have been raised by the CCG Quality Team. A detailed review of the processes is taking place with Solent's full support.

Michelle Spandley highlighted the key areas for performance and finance from the Integrated Performance Report dated 24 September 2014:

RTT – The CCG achieved all three RTT targets in July.

Cancer – The CCG achieved eight of the nine Cancer standards in July, failing 'Cancer patients receiving subsequent surgery within 31 days'. This was a result of two patient breaches at PHT. The CCG has raised concerns regarding PHT's ability to consistently

achieve targets in Quarter 2, primarily due to pressures within Urology. PHT has reported that two additional Uro-oncologists are due to start in September 2014.

Diagnostics – Performance for the CCG has shown improvement during July, however, the achievement of the 99% target remains a significant challenge due to demand and capacity issues at PHT. The CCG has received an action plan from PHT which predicts that the target will be achieved from September 2014.

Ambulance – The three ambulance response times were achieved for the CCG.

Mixed Sex Accommodation (MSA) – One reported breach for the CCG in July which occurred at Barts Health NHS Trust, further information has been requested from the Trust regarding reasons for the breach and actions implemented to reduce the risk of further breaches.

Financial Position – The month 5 position remains on plan to meet the CCGs target surplus of £2.5m with a year to date surplus of £1.1m.

A&E – There is a high risk of the continued failure of the A&E 4 hour wait target at PHT, which will have a significant impact on performance for the CCG. The CCG has been working with PHT to develop the 'Urgent and Emergency Care Recovery and Improvement Plan'.

Dr Linda Collie commented that estates costs are still showing as a risk for the CCG. Michelle Spandley reported that the CCG has met with Solent NHS Trust and NHS Property Services to understand the change of ownership of St James Hospital and St Marys Campus. She explained that discussions are continuing and aim to be resolved by the end of October 2014.

Dr Tahwinder Upile commented on the two cancer breaches at PHT and asked for clarification regarding the recruitment of additional staff. Michelle Spandley explained that the patients concerned had now been treated and the new staff are due to start by the beginning of October 2014. Innes Richens highlighted that a root cause analysis was completed for each breach.

Dr Julie Cullen commented that Solent NHS Trust have expressed concerns regarding capacity within the community. She asked what the CCGs responsibility is for commissioning these services if they were not being delivered effectively. Innes Richens explained that there is an activity based block contract for these services and the CCG would need to see evidence of any increased demand.

Dr Julie Cullen asked for assurance that the CCG would know of any breakdown within the system. Innes Richens explained that collection of data comes from a number of sources including complaints and the Friends and Family test completed by Solent NHS Trust. Dr Elizabeth Fellows highlighted that member practices would see early indications of any concerns within community services and Dr Dapo Alalade commented that GPs have a good relationship with community providers. Paul Cox highlighted that member practices would report any issues to the CCG as soon as they became a concern. Dr Julie Cullen highlighted the importance of ensuring that our processes are providing the best services for our patients.

Jackie Powell asked if the CCG can quantify how many discharge summaries are not completed within the 24 hour timeframe. Michelle Spandley agreed to provide information on discharge summaries and the current situation in the next integrated performance report.

The Governing Board accepted the contents of the Performance report.

6. Governing Board Assurance Framework

Tom Morton presented the Governing Board Assurance Framework. He explained that this is a key work programme of the Audit Committee.

Tom Morton reported that the framework had been reviewed by the Clinical Executive and approved by the Audit Committee at its September meeting. The key points to note are:

- Risk score has reduced for Information Technology (GB08).
- Risk and residual scores for NHS Constitution (GB10) have reduced but still remains high.
- Estates (GB09) still remain as a high risk.

Any deletions are shown in purple and any additions or amendments are highlighted in red.

Paul Cox raised concerns regarding the reduced risk score for Information Technology. He commented that practices are approaching a number of clinical system upgrades in the next 12-18 months and there is still a lack of clarity regarding the IT strategy. Innes Richens explained that the rationale for lowering the overall risk was that an IT integration and transition plan is now in place.

Paul Cox questioned whether the likelihood should have reduced rather than the impact.

Dr Tim Wilkinson asked if we are clear where the funding lies. Michelle Spandley explained that Mark W Smith, Transformation Programme Director and Jason Eastman, IT Programme Manager are now in post and we can look at the next steps and the available funding.

Tom Morton noted the comments regarding Information Technology (GB08) and agreed for the Audit Committee to closely scrutinise and report back at a future Governing Board meeting.

Action: T Morton/I Richens

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

7. Primary Care Co-Commissioning

Innes Richens presented a paper to provide an update to board members on the CCGs Expression of Interest for co-commissioning of primary care, the perceived benefits of co-commissioning and to describe the next steps.

Innes Richens reported that in May of this year, NHS England announced plans for CCGs to take on greater involvement in commissioning GP services with NHS England and asked CCGs to submit an expression of interest if they wished to do so.

Innes Richens explained that following engagement with member practices, NHS Portsmouth CCG submitted an Expression of Interest at the end of June 2014 in the belief that there are significant advantages, both for member practices and the health

system, if the CCG had greater influence over the future form and delivery of primary care services locally.

Innes Richens explained that the Expression of Interest asked us to indicate the level of interest against a number of responsibilities. The three levels of interest were categorised as:

- **Greater Involvement** in influencing primary care commissioning decisions made by NHS England area teams
- **Joint Commissioning** arrangements
- **Delegated Commissioning** arrangement

Innes Richens confirmed that NHS Portsmouth CCG proposed taking **delegated responsibility** for the majority of areas listed within the agenda paper.

Innes Richens reported that NHS England received 196 expressions of interest nationally. He explained that the CCG is expecting approvals in principle for schemes and budgets during October 2014, with arrangements starting by April 2015.

Tom Morton commented that he supports this expression of interest.

Dr Julie Cullen commented that she supports the co-commissioning principle but highlighted that as a CCG we still need to remember the larger commissioning picture and not just concentrate on primary care.

Michelle Spandley highlighted that it is currently unclear where running costs fit into this proposal.

Paul Cox asked what impact these changes will have on NHS England. Innes Richens reported that NHS England is being upfront and pragmatic. He explained that CCGs are already undertaking work in primary care that NHS England have not had the resource or opportunities to do.

Michelle Spandley commented that as a CCG we want to ensure we understand the requirements and deliver appropriately for this locality.

The Governing Board noted the progress with regard to the CCGs Primary Care Co-Commissioning Expression of Interest and the importance of linking co-Commissioning to our BCF plan.

8. Audit Committee Annual Review 2013/14

Tom Morton presented a report that the Audit Committee has prepared for the Governing Board which sets out how the committee has discharged its responsibilities and met its terms of reference.

Tom Morton highlighted that the CCG annual accounts were approved by the Governing Board at the CCG Annual General Meeting on 17 September 2014. A copy of the Annual General Meeting minutes will be presented to the November Governing Board meeting.

Dr Tim Wilkinson on behalf of the Governing Board thanked Tom Morton for all of his work leading the Audit Committee during the last year.

The Governing Board ratified the Audit Committee annual report 2013/14.

9. Register of Interests

Dr Tim Wilkinson presented the Register of Interest as declared at 17 September 2014. It was agreed that a revised version, which would include all voting members on the Clinical Executive Committee, would be presented to the November Governing Board meeting.

Action: Dr T Wilkinson/J Collis

The Governing Board accepted the Register of Interests.

10. Minutes of Other Meetings

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

- Clinical Commissioning Committee meetings held on 2 July 2014.
- Audit Committee meeting held on 4 June 2014.
- Health and Wellbeing Board held on 2 July 2014.

The Governing Board accepted the minutes.

11. A Patient's Story

Innes Richens explained that the CCG is keen to hear people's experiences of our local services. He noted that this story is the second one in a series being brought to the Governing Board meeting in public for review and discussion.

Innes Richens reported that all of the stories are real and from Portsmouth patients. He explained that this particular story has not come from a complaint, but from the family wishing to share their experience with the CCG.

Innes Richens presented Fred's story and a discussion then took place. Points raised include:

- The unacceptable nature of the story with a catalogue of disasters.
- How plans to develop services via the Better Care Fund and primary care will hopefully address these issues more positively.
- The importance of care plans as they would have helped in such circumstances as this. Work is planned with practices to review the approach taken and maybe a topic at a future TARGET session.
- How more joined up IT would also significantly help.
- Desire to understand more about the staffing levels as this may have been a factor in the story we have heard today. We need to learn from workforce data in the hospital to see what we need to do in the future.
- The role of discharge summaries important.
- A patient held record like we have for maternity and young children may have helped in the numerous requests to repeat the patients experience and needs.
- Need to have clear accountability for coordinating all an individual's care as this seems to have been absent.
- Need to improve dementia awareness in the hospital setting and the adverse impact of moving wards of patients suffering from dementia understood and avoided. Self-care is important as well as understanding individual patient needs and wants.
- Often patients and their families are offered help but they often decline as the timing is wrong or they feel they should be coping alone. We need to educate patients and their family to understand what is available to support them at home.

Innes Richens thanked everybody for their commitment to the discussion. He reflected that this story is not an isolated case and a hard story to hear. He expressed the importance of the Board receiving regular feedback on the impact of the CCGs

commissioning through real examples.

Innes Richens would be feeding back from the discussions to the family.

Dr Tim Wilkinson asked Innes Richens to extend the thanks of the Governing Board to the family for sharing their story and the Governing Boards condolences.

Dr Tim Wilkinson highlighted that a copy of the patient story presentation would be uploaded to the CCG website.

Action: J Collis

12. Date of Next Meeting

The next Governing Board meeting to be held in public will take place on Wednesday 19 November 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.

Victoria Sexton
1 October 2014