

**Minutes of the NHS Portsmouth Clinical Commissioning Group Governing Board meeting
held on Wednesday 26 March 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 26 March 2014**

Agenda Item	Action	Who	By
3	Minutes of Previous Meeting - Ensure page numbers are included on future minutes.	JCollis	May 14
4	Chief Officers Report - Audit Committee to sign off annual report and accounts on behalf of the Governing Board.	JGooch/ TMorton	May 14
5	Integrated Performance Report – Provide analysis of diagnostic issues to Dr Dapo Alalade.	JGooch	May 14
5	Integrated Performance Report – Confirm the frequency of the reporting of CCG outcomes.	JGooch	May 14
6a	Member Practice Engagement Survey Results – Consider surveying the views of practice nurses in the future.	IRichens	May 14
6a	Member Practice Engagement Survey Results – Undertake re-launch of PIP once refreshed including consideration of demonstration for member practices.	IRichens	May 14
6c	Staff Survey Results – Work with Public Health on the development of the healthy workplace charter.	IRichens	May 14
7	Public Health Responsibility Deal on Domestic Violence – Ensure online sign up to the pledge and uploading of our agreed delivery plan	IRichens	May 14
9	Estates Review – Presentation to be made available on CCG website.	JCollis	May 14
10	Register of Interests – To be updated and presented to the next meeting.	JCollis	May 14
12	Better Care Fund – Presentation to be made available of CCG website.	JCollis	May 14
12	Better Care Fund – Attendance at future Community Network meeting to explain how voluntary community sector can engage with the BCF.	IRichens	May 14

Present:

Dr Dapo Alalade	- Clinical Executive
Paul Cox	- Practice Manager Representative
Dr Julie Cullen	- Registered Nurse
Dr Elizabeth Fellows	- Clinical Executive
Jo Gooch	- Chief Financial 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	- Assistant Development Manager
Ms Emma Fawell	- Senior Programme Manager, Integrated Commissioning Unit (Item 11)
Dr Janet Maxwell	- Director of Public Health, Portsmouth City Council
Mr Clive Shore	- Senior Commercial Advisor, Community Health Partnerships (Item 9)
Mr Andy Silvester	- Lay Member

Apologies

Dr Linda Collie	- Clinical Executive
Dr Jim Hogan	- Clinical Leader and Chief Clinical Officer
David Williams	- Chief Executive, Portsmouth City Council

1. Apologies and Welcome

Apologies were received from Dr Linda Collie, Dr Jim Hogan and David Williams.

Dr Tim Wilkinson welcomed Andy Silvester who had been appointed as a Lay Member.

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

Dr Dapo Alalade, Dr Elizabeth Fellows, Tahwinder Upile and Dr Tim Wilkinson declared a possible conflict of interest regarding Item 11, Better Care Fund and Item 4, Chief Officers Report (7, Primary Care Development CCG Approach).

3. Minutes of Previous Meeting

The minutes of the Governing Board meeting held on Wednesday 22 January 2014 were approved as an accurate record. Jayne Collis agreed to ensure page number were included on future minutes.

Action: J Collis

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

Agenda Item	Action	Who	By	Progress
5	Performance Report – Link commissioning teams with Public Health regarding promotion of stop smoking with providers.	IRichens	March 14	Dr Janet Maxwell has been put in touch with the Commissioning Team to pursue this matter further. Complete.
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	This was discussed at the Clinical Commissioning Committee meeting and an update is provided in the Chief Officers Report. Complete.

Agenda Item	Action	Who	By	Progress
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	This was considered and looked at as part of the quarterly review and it was decided that it was not a significant risk at this time. Complete.
10	Lessons Learned from the Daniel Pelka Case – Presentation to be made available on the CCG website.	JCollis	March 14	Presentation has been uploaded to CCG website. Complete.
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	A process for information sharing with GPs is being designed. Complete.

Jackie Powell commented on Portsmouth Hospitals Trust not being smoke free on its grounds and that this was something that was difficult to sustain. Dr Janet Maxwell commented that she would be working with Portsmouth Hospitals Trust to try to ensure smoke free grounds in the future.

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 and highlighted the following:

Portsmouth Hospitals Trust – the additional £2m funding has now been agreed between the CCG and Portsmouth Hospitals Trust and the CCG has stressed this funding needs to be used for transformational change. We are aware there are still issues in some areas and we are working with NHS England and the Trust Development Authority regarding the continued failure of the A&E target.

System Leadership “Hot House” Event – A report on the agreed aims and actions will be presented to the Board in May however key agreements were reached as detailed within the paper.

“Under Pressure” Campaign – This is an awareness campaign to help relieve pressure on the Emergency Department at Queen Alexandra Hospital by publicising how best patients can access the various other NHS urgent care services available to them.

Review of Constitution and Governance Arrangements – The revised Constitution will be presented to the May Board meeting for consideration.

COMPACT: Financial Risk Sharing Arrangements – At a recent Portsmouth and South East Hampshire Commissioning Collaborative meeting, the 3 CCGs agreed it would be beneficial to enter into a financial risk sharing arrangement for 2 items as detailed in the paper.

Primary Care Development CCG Approach – Innes Richens explained that the CCG needs to remain committed to supporting local primary care providers in the planning and testing of new ways of working that secures continuous improvement. He explained that Tom Morton as Lay Member and Audit Chair has been involved in the development of this approach and in particular the criteria and process for agreeing investment in order to be open and transparent about potential conflicts of interest in line with the CCGs Standard of Business Conduct Policy. Janet Maxwell commented that the Public Health team at Portsmouth City Council had also been working closely with primary care.

Annual Report – Due to tight timescales the Board has been asked to delegate authority for the approval of the full audited and signed Annual Report and Accounts to the Audit Committee who will meet on 4 June 2014. Tom Morton said that he would encourage the Board to delegate authority to the Audit Committee as they will have reviewed the draft accounts in May and are confident there will be no issues.

Action: J Gooch/T Morton

CCG Anniversary Awards – The date for applications ends on 21 March 2014 with the event taking place on 9 May 2014.

Celebrating National Success – Congratulations to Dr Jim Hogan who was named as the country's NHS Community Leader of the Year at the national NHS Leadership Recognition Awards held by the NHS Leadership Academy.

Jackie Powell asked about the additional £2m funding for Portsmouth Hospitals Trust and if it would be practical to bring back a paper summarising the conditions being put in place. Jo Gooch explained that they had been summarised and were related to supporting transformation in workforce plans, performance, whole systems redesign, IT strategy and estates strategy. The conditions have been agreed and we have said that we expect them to work on these areas and if there is no improvement then they will not be eligible for further transformation funding. Dr Tim Wilkinson asked when judgement would be made on whether or not the conditions have been met. Jo Gooch explained that they will be monitored throughout the year and it is about how we work collectively as a system so that things improve through normal transformation. She said that it is about supporting whole system change.

Andy Silvester asked about the next steps for the “under pressure” campaign and could an article perhaps be put in the flagship magazine which has a wider circulation. Dr Elizabeth Fellows said that copies of the leaflets will be available at GP practices and information is put in flagship periodically and is part of a programme throughout the year. Innes Richens said that in addition we hope to have adverts on billboards and buses etc. Janet Maxwell commented that public health work with sexual health services and the youth parliament and would be happy to share contacts etc.

Dr Tim Wilkinson said that he would like to acknowledge Dr Jim Hogan as a true leader and his award is well deserved and that he has a good team behind him who are committed.

The Governing Board accepted the Chief Clinical Officer's Report and agreed to delegate authority for the approval of the Annual Report and Accounts to the Audit Committee to undertake this on behalf of the Governing Board.

5. Integrated Performance Report

Jo Gooch presented the Integrated Performance Report dated 26 March 2014. She explained that the Balanced Scorecard has been renamed the Delivery Dashboard and is assessed quarterly. She highlighted the main areas of the report as follows:

- 18 out of 20 quality standards have been achieved - the Friends and Family Test and PHT C Diff targets were not achieved.
- Under the NHS Constitution 16 out of 20 targets were achieved – RTT, Diagnostics, A&E 4 hour wait and Cancer were not achieved.
- Referral times are being achieved at aggregate level; ambulance standards, finance and QIPP delivery are all achieving.

Areas that require improvement and focus are:

- A&E 4 hour wait/Emergency Department – A system wide summit was held to discuss how to improve performance which resulted in a plan with eight priority areas. The areas focus on the flow of patients through PHTs community beds, enhanced OT capacity, establishing a Hampshire version of PRRT, additional in-reach into PHT by community teams, stronger links with social care teams in the hospital, improving patient experience and care and the flow of patients through pathways on various aspects and ensuring there is the right leadership.
- Cancer – 8 out of 9 targets achieved – A Contract Quality Notice has been served regarding inconsistent achievement of targets as although progress is being made by PHT the CCG wishes to understand the issues and see a more detailed improvement plan to support sustained achievement.
- Diagnostics – PHT are reviewing capacity to address the issues.
- RTT – The CCG are aware of the areas of pressure and are working with PHT on how to manage the longer term programme of action.
- Friends and Family Test – The CCG is aware PHT have put in place a number of actions to improve this score. The unvalidated position for January shows a much improved position.
- C Diff – We are slightly above the threshold with 34 incidents against a threshold of 31 at the end of January with an annual threshold of 37. The quality team are working with the community to understand if there are any links to nursing/residential homes and working with primary care on antibiotic prescribing.

Quality - The team continue to monitor staff survey, friends and family test, cancer, falls, HCAI and patient discharge procedures.

Finance - The CCG is on target to achieve £2.4m surplus at year end. Pressure areas include acute commissioning spend (RTT), section 117 mental health placements and continuing healthcare. With regards to running costs we have received a further rebate of £41,000 in respect of an overpayment.

Outcome Measures - Jo Gooch drew attention to pages 24-26 of the report which detailed the key outcome measures for the Portsmouth area. There are many areas of improving performance however there is still room for improvement in; excess weight in children, mortality rates in cardiovascular disease, cancer, respiratory disease, cervical and breast cancer screening. Areas of improvement are part of the CCGs commissioning strategy for improvement.

Dr Elizabeth Fellows asked about the front door work at the Emergency Department. Jo Gooch explained that it had been agreed that we would undertake a review at six months and she thinks it has had a slow start however it has helped us to understand what is happening.

Dr Julie Cullen commented on A&E 4 hour waits and concern that if the key priority areas haven't changed at what point do we say anything. Jo Gooch said that one thing we are looking at is external scrutiny and ECIST are going to be asked to come back and review. Innes Richens said that we are planning to bring in workforce specialists and other specialists to do work on patient flows. Dr Julie Cullen asked if it was a whole system approach and what are the timescales. Innes Richens explained that it is supported by the system and by Chief Officers. Dr Julie Cullen asked if this was different to what had been done before. Innes Richens said that it was not that different but at more of a forensic level and that the biggest difference would be related to the Better Care Fund (BCF).

Paul Cox asked about quality premiums and legacy balances. Jo Gooch explained that they had been flagged as a risk. Page 16 of the report details how we are doing and the current estimated quality premium for the year is £594,000 as at the end of December. The legacy balance and prepayment adjustment risks reported last time have been resolved.

Jackie Powell asked about the increase in referrals and what affect this would have on Portsmouth Hospitals Trust. Jo Gooch explained that PHT is reporting that because of the increase in referrals they have had to put in extra capacity and we are in discussions with them. If it is a one-off increase do we expect them to continue to achieve targets and with the work we are doing we do not expect the rate of growth to continue and if rates have increased then it will be more difficult for PHT to achieve.

Dr Tim Wilkinson commented that he had been looking at the capacity data and the backlog is coming down however some of the modelling is based on no backlog so there may be an over estimate in certain areas for needs next year. Our role as a CCG is in supporting GPs and Clinicians in making informed decisions and using specific services when needed. If we can slow down the increase in referrals it will be an achievement.

Dr Dapo Alalade asked about diagnostic issues and what areas were having difficulties. Jo Gooch said that PHT are looking at diagnostics because there is a growth and we want to understand protocols for diagnostics. Work needs to be under to understand this and agreed to provide an analysis of diagnostic issues to Dr Alalade.

Action: J Gooch

Dr Elizabeth Fellows commented on speed and process and that some delays in diagnostics were related to in-house systems. Dr Tim Wilkinson commented that he thought a lot of the waits were around CT scans not routine chest x-rays.

Janet Maxwell commented on the C Diff rates and that she was keen to keep an eye on prescribing and PPI. She said that she was pleased to see other CCG outcome measures included and it would be useful to link all services and see where there is an overlap. Jo Gooch agreed to check the frequency of the reporting of CCG outcomes and report back.

Action: J Gooch

Dr Tim Wilkinson commented on the good work done by the alcohol team at PHT and that it has been a good investment. Dr Elizabeth Fellows agreed that it had improved.

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

6. Engagement and Relationship Surveys

a. Member Practice Engagement Survey Results

Dr Tim Wilkinson presented a paper which set out the feedback received from the local survey conducted with member practices during January and February 2014. He explained that an additional survey has now gone out nationally. The local survey was coordinated by Tracy Sanders and her team and was run anonymously using survey monkey.

Dr Tim Wilkinson commented that the results showed that TARGET sessions were not as popular as was thought but that overall the CCG received positive and encouraging feedback from its members.

Tom Morton commented that the lay members were making an effort to make contact with all practices and that this would be easier now that Andy Silvester was on board.

Dr Julie Cullen commented that practice nurses were not involved. Dr Tim Wilkinson said that the CCG had realised they had made an error and that this is something we would consider for the future.

Action: I Richens

Paul Cox commented that he would encourage improvement of PIP. Dr Tim Wilkinson said that he thinks it needs a re-launch once refreshed and the consideration of a practical demonstration for member practices.

Action: I Richens

The Governing Board noted the results from the local member practice engagement survey and areas of focus for the CCG; noted that the current national stakeholder survey is underway led by NHS England and supported the proposal to consolidate the feedback from both surveys to respond to in the summer.

b. Stakeholder Survey Results

Dr Tim Wilkinson presented a paper which set out the feedback received from the local stakeholder survey conducted during December 2013 and thanked Tracy Sanders for coordinating. He explained that a national survey was currently being circulated. Overall the CCG received positive feedback from its local survey of stakeholders.

Dr Julie Cullen commented that it is difficult to reach people who are not engaging to say they are not engaging.

Jackie Powell commented that it would have been nice to have had feedback from the voluntary sector included and it was agreed this would be considered in the future and that they would be encouraged to take part.

The Governing Board noted the results from the local stakeholder survey; noted the current national stakeholder survey underway led by NHS England; supported the proposal to consolidate the feedback from both surveys to respond to in the summer.

c. Staff Survey Results

Innes Richens presented a paper which provided a summary of the results of the CCGs first staff survey. He explained that there was no requirement in 2013 for CCGs to take part in the annual NHS staff survey so NHS Portsmouth CCG decided to undertake its own staff survey during December 2013 – January 2014. A good response rate was received with 88% of staff agreeing that the CCG values and promotes the importance of staff wellbeing. Some responses drew attention to communication particularly those who work off-site. A number of actions have come out of the survey such as maximising the use of the intranet and CCG bulletin and encouraging managers to meet face to face with staff more often. The CCG Clinical Executive has agreed to attend staff meetings on a more systematic basis.

Dr Tim Wilkinson commented that overall he thought it was a good reflection of what we have been doing as a CCG.

Janet Maxwell commented on Question 2 about staff wellbeing and that working conditions are key to mental, physical and emotional wellbeing. She is looking to develop a healthy workplace charter and is keen to work with the CCG on a template to fit different organisational needs. Innes Richens said that he would welcome the opportunity and agreed to work with public health.

Action: I Richens

Dr Tim Wilkinson asked about support to carers. Innes Richens said that we should be leading the organisation in supporting staff in caring relationships. We have flexible working policies and look at each individual case and we have access to services and contacts to services and always support staff in what they need.

The Governing Board noted the results of the Staff Survey.

7. Public Health Responsibility Deal on Domestic Violence

Innes Richens presented a paper which seeks approval and support to sign the Public Health Responsibility Deal on domestic violence. NHS Portsmouth CCG is keen to commit to the pledge as this reflects the values and behaviours that lie at the heart of the CCG and a delivery plan is detailed at Appendix 1 to ensure implementation during 2014.

Janet Maxwell commented that she strongly supports this and there is a growing awareness of the problem and it is part of a whole raft of Public Health pledges organisations are being asked to sign up to. We are keen to encourage primary care to recognise and support this. Dr Tim Wilkinson commented that the IRIS scheme is already up and running in practices. Dr Elizabeth Fellows commented that she believed two thirds of practices had already had training on the IRIS scheme.

Dr Dapo Alalade commented on highlighting to those members of the public who are not aware of the definition and the translation of leaflets etc. Dr Janet Maxwell said that it is about reinvestment in Health Visiting services and relationship building with parents and children and prevention at an early age. With regard to multiracial issues we have had funding and have worked with the population in the City.

Jackie Powell said that she strongly support this and highlighted that there is a Safer Portsmouth website where people can go for information etc.

The Governing Board supported and approved the signing of the pledge as part of the Public Health Responsibility Deal and approved the delivery plan.

Online sign up of the pledge and uploading of the agreed delivery plan was agreed.

Action: I Richens

8. Governing Board Assurance Framework

Tom Morton presented the Governing Board Assurance Framework. It has been reviewed by the Clinical Executive and approved by the Audit Committee. Proposed additions and amendments are highlighted in red. He commended the framework to the Board.

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

9. Estates Review

Clive Shore, Senior Commercial Advisor, Community Health Partnerships gave a presentation on the review of the local estate being undertaken jointly by NHS Property Services and Solent NHS Trust. A copy of the presentation will be made available on the CCG website as soon as possible after the meeting.

Action: J Collis

Dr Tim Wilkinson thanked Clive Shore for the presentation.

Tom Morton commented that he had been involved in the review and in the refurbishment of St Marys and he is excited about the project and although the timelines are tight it will mean we will have more money to spend on patients.

Dr Julie Cullen commented that there had been the opportunity to debate and it would be a ludicrous amount of space to remain empty at St Marys.

Dr Dapo Alalade asked about the practicalities of having CDC on the first floor of St Marys. Clive Shore explained that it was not definite and there are some other alternatives but that the timeframe and costs will remain, where everyone moves may change and the CDC may move elsewhere.

Janet Maxwell commented that it was a real opportunity for the City to change the use of its buildings and assets for the population. She asked about any plans for the recognition of the green spaces at St James Hospital as Portsmouth is the densest City outside of London and any opportunity of maintaining green space needs to be treasured. Clive Shore commented that the assumption is that the cricket facilities and town green will remain and there would need to be a discussion around ownership and he would like to talk to Portsmouth City Council about options for this.

Jo Gooch commented that this was a real example of partnership working and we want to see St Mary's fully utilised as a health campus.

Andy Silvester raised the issue of increased traffic with the move to St Marys and that there may be pressure on car parking spaces and that the staff survey said that parking was an issue. He commented that PHT charge for parking. Clive Shore explained that St Mary's is owned by Solent and there are parking charges and Solent are looking at options to increase parking and money would be set aside to improve parking.

Janet Maxwell commented on healthy workplace and active travel to work such as walking, cycling or public transport. Jo Gooch commented that CCG staff and car parking depends upon where we end up and we cannot always guarantee car parking. We need to address the issue and look at alternative options. Dr Julie Cullen commented that some staff have roles which mean they have to go off-site and return several times a day and a smart pool car may be useful.

10. Register of Interests

Dr Tim Wilkinson presented the Register of Interests as declared at 18 March 2014. Tom Morton, Andy Silvester and Dr Dapo Alalade commented that they would need to make changes and it was agreed the Register of Interest would be updated and presented to the next meeting.

Action: J Collis

11. Better Care Fund

Innes Richens and Emma Fawell gave a presentation on the Better Care Fund (BCF) plan for Portsmouth.

Dr Tim Wilkinson thanked Innes Richens and Emma Fawell for their presentation.

Tom Morton asked about governance. Innes Richens explained that governance would be through the Integrated Commissioning Board which is an existing Board within the City Council and is within our governance framework.

Julie Cullen said that she would applaud this from a patient perspective and one to one interaction with the most vulnerable people in the community, although there are some good private agencies occasionally there are those with minimal training who are trying to support people with complex needs and it is about their training. She noted we need to ensure that all staff providing such services are competent and confident they have access to support.

Innes Richens commented that if Dr Linda Collie were at the meeting she would have talked about her work with nursing homes and them having mentor access to clinical support. Working as a single team is one of the principles of the BCF. A piece of work on workforce needs to be done on standard of training etc and it is one of the workstreams. Dr Julie Cullen commented that is about accountability. Innes Richens said that we will tighten up on the contractual assurance processes as part of this work.

Dr Elizabeth Fellows said that we should not forget that primary care has a responsibility for this group of vulnerable people also.

Tom Morton asked how the voluntary sector could contribute to the BCF as he sees this is a good opportunity to contribute in the future. He asked if someone could attend a future Community Network meeting and Innes Richens said that he would be delighted to attend.

Action: I Richens

Jo Gooch commented that this was a positive thing to do for the City and the sooner we do the better. The finance element does link to our financial strategy and it is about us spending money we have in a most cost effective way.

The Governing Board noted the progress to date of the Better Care Fund and agreed and supported the current direction of travel.

12. Minutes of Other Meetings

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

- Clinical Commissioning Committee meetings held on 8 January 2014 and 5 February 2014.
- Health and Wellbeing Board meeting held on 4 December 2013.

The Governing Board accepted the minutes.

13. Date of Next Meeting

The next Governing Board meeting to be held in public will take place on Wednesday 21 May 2014 at 1.00pm in the Entertainments Hall, St James' Hospital.

14. 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.

Jayne Collis
11 April 2014