



## EXTRAORDINARY GOVERNING BODY – IN PUBLIC

29 January 2015

9.00am - 10.00am

Coleman Suite 1, Hardwick Hall Hotel, Sedgefield

### CONFIRMED MINUTES

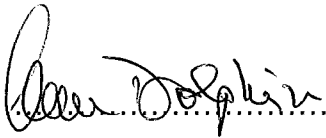
<b>Present:</b>	Annie Dolphin Keith Tallintire David Taylor-Gooby Dr Stewart Findlay Gillian Findley Joseph Chandy Mark Pickering Sarah Burns Nicola Bailey Ian Spencer	Lay Chair Lay Member, Audit and Risk Lay Member, Patient and Public Engagement Chief Clinical Officer Director of Nursing Director of Primary Care, Partnerships & Engagement Chief Finance Officer Director of Commissioning Chief Operating Officer Secondary Care Clinician
<b>In Attendance:</b>	Sarah Lambert Sue Humpish	Head of Corporate Services Executive Assistant (minutes)
<b>Apologies:</b>	Dr James Carlton Anna Lynch Lesley Jeavons Dr Helen Moore Dr Winny Jose Dr Robin Armstrong Dr Jonathan Smith Dr Dilys Waller Dr Nari Pindolia	Medical Advisor Director of Public Health, Durham County Council Head of Adult Care, Durham County Council Locality Lead, Sedgefield Locality Lead, Sedgefield Locality Lead, Easington Locality Lead, Easington Locality Lead, Durham Dales Locality Lead, Durham Dales

Item No		Action
1	<b>Apologies for Absence</b>  AD welcomed everybody to the meeting in public and noted apologies.	
2	<b>Declarations of Interest</b>  Those present were reminded that the Declarations of Interest Register was a live document and all members of the Governing Body were asked to check the register to ensure their entries were up to date as a matter of routine.	

	<p>It was clarified that practice members did not have a conflict in relation to voting on the item on the agenda regarding the Primary Care Co-Commissioning Committee as it was an NHS England model structure with a clearly defined membership.</p>	
<p>3.</p>	<p><b>Co-Commissioning of Primary Care Services, including the Terms of Reference for the Primary Care Commissioning Committee and the Policy Standards of Business Conduct and Declarations Conflicts of Interest</b>  <i>Nicola Bailey, Chief Operating Officer and Mark Pickering, Chief Finance Officer</i></p> <p>NB spoke to the report which outlined the two key pieces of information required to progress the DDES CCG submission to NHS England for delegated powers to commission primary care services.</p> <p><u>Terms of Reference for Primary Care Co-Commissioning Committee</u>  NB guided the Governing Body through the detail of the Terms of Reference including the membership of the committee which would include NHS England as 'in attendance'. Attention was drawn to the statutory framework by which the committee would work (under section 5) and its role, responsibilities and activities (under section 11).</p> <p>The Committee has to be chaired by a lay member of the Governing Body and it was recommended that this should be the current Governing Body Lay Chair.</p> <p>Colleagues discussed which current members of the Governing Body would be considered to be conflicted or non-conflicted and which other bodies would be 'in attendance' including NHS England, Healthwatch Durham and a representative of the Health and Wellbeing Board.</p> <p>It had been agreed with NHS England that KT would not be on the Committee because of his role as chair of the Audit and Assurance Committee. IS and JCa were considered to be conflicted as they were doctors and would not be members. It was stressed that this was for the Committee only, not the Governing Body.</p> <p>NB indicated that meeting quoracy was important, but probably more so was the quoracy for decision making to reduce the conflicts of interest. Colleagues discussed the levels of quoracy required and the importance of still ensuring that clinical input was included.</p> <p>The details of the role of the Committee were specified by NHS England and could not be amended. However, the Governing Body would be able to delegate other functions to it (see paragraph 16) and appropriate quoracy would need to be ensured in order to make decisions.</p> <p>It was stressed that the Committee needed to be small and 'fleet of foot' with non-conflicted members in the majority, though inviting 'in attendance' colleagues for clinical and other advice as needed. DDES, like other CCGs, was trying to ensure that the Committee was as reflective of the Governing Body as it could be for commonality and consistency.</p> <p>When asked about a vice chair, NB responded that this had to be a non-conflicted lay member preferably.</p>	

<p>From an Audit and Assurance chair's point of view, KT could recognise the work that was done to make arrangements as clean and clear as possible. He recognised that the process seemed to be convoluted, but in the long-term these arrangements would reduce risk. He felt it was sensible that the chair of the Audit and Assurance Committee was not part of the Committee.</p> <p><b>ACTION: SL to change the wording under Section 23 to say "to be quorate... one other non-conflicted members should be present".</b></p> <p><b>ACTION: SL to change Paragraph 25 to read "subject to application of 25b" rather than 23b.</b></p> <p>The Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted that NHS England would attend committee meetings if required as "in attendance"</li> <li>• Noted that quoracy would be achieved if attendance included the Chair (or nominated deputy), Chief Finance Officer, Chief Operating Officer and one other non-conflicted committee member.</li> <li>• Agreed the amendments to be made Section 23 and Paragraph 25 as set out in the actions above.</li> </ul> <p>AD recognised that the Governing Body's Terms of Reference as well as the Constitution would need to be changed in light of the changes once delegation was agreed. NB responded that a proposed version with tracked changes was to be submitted to NHS England and that this had been agreed with the Council of Members. Work was already being done in preparation on standing orders.</p> <p><b>ACTION: NB/SL to bring the suggested changes to the Governing Body Terms of Reference to the next Governing Body meeting.</b></p> <p>AD asked what the new Committee would have to share with the Governing Body. NB responded that as a minimum, the minutes would be shared, and perhaps an annual executive summary (though that could duplication of what was being shared in the minutes, and may not be deemed necessary).</p> <p><u>Policy Standards of Business Conduct and Declarations of Conflicts Interest</u> It was noted that the policy referred to the North of England Area Team. This was still the case constitutionally, even though NHS England was moving to sub-regional area teams as part of its restructure. It was agreed that MP would change the policy wording at the appropriate time.</p> <p><b>ACTION: When NHS England Area Teams changed constitutionally, MP would update the policy to reflect this. This would not need additional approval from the Governing Body.</b></p> <p>At the last Governing Body meeting, a number of changes were suggested for the document and then was signed off by the Audit and Assurance Committee. It was not required to bring this back to the March Governing Body.</p> <p><b>ACTION: SL to add "Although" to the beginning of paragraph 9.15.</b></p>	<p>SL</p> <p>SL</p> <p>NB/SL</p> <p>MP</p> <p>SL</p>
---	--

	<p>The Governing Body:</p> <ul style="list-style-type: none"> <li>• Approved the Terms of Reference subject to the agreed alternations.</li> <li>• Approved the Standards of Code of Conduct and Declarations of Conflicts Interest Policy.</li> </ul>	
	<p><b>Next Meeting</b></p> <p>The next routine Governing Body meeting in public was scheduled for 10 March 2015 at 1pm at Horden Social Welfare Centre, Peterlee</p>	

Signed: .....  .....

Name: Annie Dolphin, Lay Chair

Date: ..... 10/3/15 .....