

**NHS DURHAM DALES, EASINGTON AND SEDGFIELD
CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

**Tuesday 09 April 2013
9.00 am – 12 noon**

Boardroom, Sedgfield Community Hospital, Sedgfield TS21 3EE

Confirmed Minutes

Present:	Annie Dolphin	Lay Chair (Chair)
	Keith Tallintire	Lay Member, Audit & Assurance
	Dr Stewart Findlay	Chief Clinical Officer
	Gillian Findley	Director of Nursing
	Dr Dinah Roy	Director of Clinical Quality & Primary Care Development
	Dr John McGuire	Sessional GP representative
	Dr Helen Moore	Sedgfield Locality GP Lead
	Dr Stephen Muscat	Easington Locality GP Lead
	Lynn Wilson	Public Health Lead for Anna Lynch
	Denise Elliott	Strategic Commissioning Manager Durham County Council for Lesley Jeavons
	David Taylor-Gooby	Lay Member, Patient and Public Involvement
	Mark Pickering	Head of Finance & Performance
In attendance:	Lyndsey Jones	Governing Body Administrator
	Deborah Ward	Planning and Performance Manager, NHS County Durham and Darlington (item 16)
	Clair White	Head of Corporate Services

	Apologies for absence	Action
	Mike Taylor, Satinder Sanghera, Joseph Chandy, Peter Carr, Anna Lynch - Lynn Wilson in attendance, Lesley Jeavons - Denise Elliott in attendance.	

	<p>The chair welcomed everyone to the first statutory Durham Dales, Easington and Sedgfield Clinical Commissioning Group (DDES CCG) governing body meeting. As from 01 April 2013 the meeting is no longer a subcommittee of NHS County Durham & NHS Darlington, as the CCG is now fully authorised as a statutory body. The corporate team has now moved into their new premises and most of the staff are in post.</p> <p>Clair White was welcomed as the new Head of Corporate Services for DDES CCG.</p>	
DDES-GB/13/01	<p>Conflicts of Interest Register</p> <p>The conflicts of interest register was discussed and it was agreed that following the NHS changes a number of amendments were needed. The chair asked for everyone to look at the register and liaise with LJG with any changes and updates. The register will be included in the agenda as a standing item and will be updated at every meeting.</p> <p style="text-align: center;">ACTION – The group to liaise directly with LJG to update the register with any changes and updates before the next and each subsequent meeting.</p>	All
DDES-GB/13/02	<p>Declarations of Interest</p> <p>GF declared an interest as she is still employed at North East Ambulance Service (NEAS) until the end of next week.</p>	
DDES-GB/13/03	<p>Identification of any other business items</p> <p>There were no other items identified for any other business.</p>	
DDES-GB/13/04	<p>Minutes of the Durham Dales, Easington and Sedgfield Clinical Commissioning Group (DDES CCG) sub-committee/governing body held on 12 March 2013</p> <p>The minutes were approved as an accurate record of the proceedings of the subcommittee of NHS County Durham & Darlington and the DDES governing body.</p>	
DDES-GB/13/05	<p>Matters arising from the minutes of the DDES CCG sub-committee/governing body held 12 March 2013</p> <p>Page 5 SC-GB/13/53 The group queried how the board to board meeting with County Durham & Darlington Foundation Trust was progressing regarding the Francis II report. GF updated that each</p>	

	<p>CCG will need to arrange a star chamber along with a list of people that would need to be invited. GF will be attending the Star Chamber within City Hospital Sunderland with Ann Fox.</p> <p>Progress was queried around the complaints process for when members of the public/patients have an issue or complaint in respect of primary care and it was confirmed that the DDES meeting with the public set for 30 April will establish what happens</p> <p>The quality team are holding an away day on 02 May 2013 where they will look at these issues and make recommendations to the governing body, SF requested that we need to ensure that the process is as simple and streamlined as possible. The outcome of the away day will produce a quality pathway which will be used to monitor providers.</p> <p>Assurance of provider quality was discussed and DR advised that she is part of the quality surveillance group, where relevant people come together; this includes all providers and the North & South Area Teams. AD asked if these arrangements could be articulated in a simple form to assure the governing body on how all the groups and work fit together, and how the accountability works.</p> <p style="text-align: right;">ACTION – DR will develop this</p> <p>at the quality away day.</p> <p>Page 5 SC-GB/13/53 PALS service. There are still no further updates from the Area Team around the provision of a PALS replacement service. There have been discussions suggesting that Healthwatch provide an alternative complaints service. There is currently a communications plan in development and Denise Elliott is meeting with Healthwatch for further updates although it is thought to be more of a signposting service. The group highlighted that there is a lack of information for patients.</p> <p style="text-align: right;">ACTION – GF will link and discuss</p> <p>with Beverly Reilly, Director of Nursing and Quality at the Area Team, around an update on the PALS replacement service.</p> <p>Page 5 SC-GB/13/54 The Clinical leads confirmed that the Antenatal & Postnatal depression protocol was disseminated to the practice members.</p> <p>Page 6 SC-GB/13/55 DR confirmed that she was not at the previous meeting therefore the action relating to the agenda item had not been picked up.</p> <p>Page 8 SC-GB/13/59The Blue River consultancy report has now been received.</p>	<p>DR</p> <p>GF</p>
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	<p>Page 14 SC-GB/13/68 The Quality Governance Framework was received at the governing body on 27th March.</p>	
DDES-GB/13/06	<p>Minutes of the Durham Dales, Easington and Sedgfield Clinical Commissioning Group subcommittee/extraordinary governing body meeting held on 27 March 2013</p> <p>Add Jenny Flynn to list of apologies</p> <p>GF's surname on the apologies list to be amended to Findley</p> <p>The references to the clinical conflicts of interest were discussed and it was agreed that the lay members would consider the process for declarations of interest, and what needed to be recorded.</p> <p>Subject to these changes the minutes were approved</p>	
DDES-GB/13/07	<p>Matters arising from the minutes of the DDES CCG sub-committee/extra ordinary governing body held 27 March 2013</p> <p>SC-GB/13/75 – Quality Governance Paper - change mental to mentality</p>	
DDES-GB/13/08	<p>Action Log</p> <p>Updated.</p>	
DDES-GB/13/09	<p>Review of the Governing Body Terms of Reference <i>Chief Finance and Operating Officer</i> - Mike Taylor Mark Pickering presented in Mike Taylors absence</p> <p>The Governing Body Terms of Reference were brought to the governing body for acceptance and approval of the new version.</p> <p>These had been looked at in detail previously but as the CCG was now a statutory body in its own right and the meeting was no longer a sub-committee of the PCT they had been updated. Subcommittee has now been removed along with the transition sections.</p> <p>The chair drew attention to the section in the ground rules that covered the submission of papers. Due to the turmoil created by all the changes there had been some flexibility around acceptance of late papers and papers being tabled. Now that staff were largely in place the timetable must be adhered to except in very exceptional</p>	

	<p>circumstances. GB members and the public needed to be able to access and read the papers in good time and from the next meeting this would be expected. It was also highlighted that some of the papers received were not in the correct template, had out of date information and recommendations omitted. The papers need to be checked by the owner prior to submission to ensure they have all the correct information and that the recommendations should reflect the decisions that were required. DTG raised an issue about the description of the lay member roles and it was suggested that the 50% quorum description could be clarified and it was agreed that these changes could be reflected at the next review date.</p> <p style="text-align: right;">ACTION – MT to reflect these changes when the terms of reference were next reviewed. The governing body accepted and approved the terms of reference.</p>	MT
	<u>STRATEGY</u>	
DDES-GB/13/10	<p>Durham Dales, Easington and Sedgfield Clinical Commissioning Group Governance Framework including Policy Update <i>Chief Finance and Operating Officer</i> - Mike Taylor <i>Mark Pickering presented in Mike Taylors absence</i></p> <p>The purpose of this paper was to provide the governing body with the current position in respect of policies and development of the governance framework generally.</p> <p>The paper provided further detail around some gaps identified within the Corporate and Human Resource polices. These are still under development and moving forward they would be regionally driven. There had been discussions around each CCG having their own individual suite of polices, however, it has been agreed that DDES will adopt or adapt best practice/policies from North East Commissioning Support (ES) who will review and update these where necessary.</p> <p>The governing body approved the process and timescale for developing the CCG's governance framework and accepted the information about the policies and procedures in the appendix.</p>	
	<u>CLINICAL QUALITY</u>	
DDES-GB/13/11	<p>Clinical Quality Update <i>Director of Clinical Quality and Primary Care Development Locality Link Director – Sedgfield</i> - Dr Dinah Roy <i>Director of Nursing</i> - Gillian Findlay</p>	

	<p>The purpose of the report was to provide the CCG with a monthly briefing of the headline issues relating to clinical quality and assurances that actions are being undertaken with providers where necessary. This report covers all information and issues received in February 2013.</p> <p>There were some issues raised around the content and standard of the report and the way that it was presented. DR explained that due to capacity issues in NECS it has proven difficult to obtain the report, but she is meeting with the NECS quality lead, Kirstie Hesketh, to finalise exactly what DDES required from the report for future meetings. DR asked the governing body members to accept the report on this occasion, however, she gave assurance it will be more comprehensive and provide more assurance about clinical quality issues in the future.</p> <p>JM raised concerns about where 111 sits in the clinical quality framework. The governance gap has been recognised regionally and is a great concern. It was decided that JM will meet with GF as the Director Lead, outside the governing body to discuss this in more detail. There have been instructions received from NHS England in connection with the 111 service and the lead clinician Kat Noble is moving on from her role within 111 to become Medical Director of NHS Direct England. It was confirmed that the DDES Cluster Clinical Lead is Gareth Chin who attends the 111 meetings and that the clinical quality team are working closely with the Area Team on a resolution for this.</p> <p>GF advised that NEAS are carrying out their own audit into three incidents that had occurred recently one of which resulted in a patient's death. There are still issues around the number of 111 patients coming from Urgent Care to County Durham & Darlington Foundation Trust (CDDFT). Urgent Care issues are CDDFT's responsibility, therefore, this needs escalating as a governance issue. SF noted that the processes and systems are unclear and Chief Officers are looking into this regionally.</p> <p>The incident system was historically administrated by NHS County Durham & Darlington but it is unclear what will happen now and in the future. This process is being considered and GF will ensure that the previous system will transfer across and continue.</p> <p style="text-align: center;">ACTION – JM to meet with GF to discuss 111.</p> <p style="text-align: center;">ACTION – GF will ensure previous incident and reporting systems remain through the usual channels</p>	<p>GF</p> <p>GF</p>
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	<p>and will discuss with Kirstie Hesketh from NECS regarding the general inbox address and confirm.</p> <p>SM requested more information around the two nursing home incidents highlighted in the quality report, and it was agreed that DR would discuss this with him outside the meeting.</p> <p>The governing body noted the content of the report, that the standard and content would improve in future, and agreed that locality leads would ensure onward dissemination to practices.</p>	
	<p><u>DELIVERY</u></p>	
<p>DDES-GB/13/12</p>	<p>Chief Officer Progress Report including Stakeholder Briefing Pack <i>Chief Clinical Officer</i> <i>- Dr Stewart Findlay</i></p> <p>This report included an update on national policy and summarised the progress that DDES CCG have made as a CCG over the previous month.</p> <p>SF highlighted some specific areas of the report.</p> <p>The 2013/14 planning framework discussions were complete and there was one change to the quality premium indicators that had been made to bring DDES into line with the cluster CCGs and due to the difficulty of evidencing the indicators.</p> <p>The three are now confirmed as:</p> <ul style="list-style-type: none"> • Under 75 mortality rate from cancer • Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s • Emergency admissions for children with a lower respiratory tract infection <p>DDES have entered into an out of hours on call rota with the CCGs across North of England; and will need to cover two weeks from now until September. There are some problems with the operation of the in house on call system as there was a recent instance of the protocol governing communication of temporary A&E closure not being followed. The Area Team are working with the CCGs to ensure the rapid resolution of this.</p> <p>Two contracts for 2013/14 have now been signed with Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) and Northumbria, Tyne & Wear NHS Foundation Trust (NTW). Block contacts are close to</p>	

	<p>agreement with North Tees & Hartlepool Foundation Trust and City Hospitals Sunderland Foundation Trust. The County Durham and Darlington Foundation Trust (CDDFT) negotiation continues and agreement is anticipated soon. The final offer is on the table and if not agreed the contract will revert to payment by results with consequential risk pressure during the year and potential stripping out of non-recurrent funding.</p> <p>SF updated the GB about the Durham Dales Nursing Home Service that was awarded to CDDFT and was due to go live in practices in the Dales this month. The provider has breached the contract as they have given notice that they are unable to meet the date. It was confirmed that these issues are being progressed via the Chief Officers meeting and are being highlighted to the Local Authority. A discussion took place around a care home support service delivered by CDDFT with community matrons doing similar work carried out by the Durham Dales practice. This was a short measure introduced in the North and it was suggested that this could have been moved into the south to ensure the service still went ahead, albeit for a short term solution.</p> <p>There was also a Stakeholder briefing pack included in the report which gave information about the key changes in NHS organisations and public health from 1 April 2013. The governing body received the report and noted the progress to date</p> <p><i>JM left at 10.20 am.</i></p>	
DDES-GB/13/13	<p>PPE Activity <i>David Taylor-Gooby</i> <i>-Lay member, Patient & Public Involvement</i> <i>Verbal Report</i></p> <p>A press cutting was shared with the group that covered the recent Spennymoor Youth Forum event that focused on health.</p> <p>DTG outlined the format of the event where over 30 young people got together to consider health issues and make suggestions about health improvement. The output from the meeting is being collated into a report that will be shared with the Governing Body once available. There will be more meetings set up and DTG will link with Sue Carty & Liam Cairns at DCC in connection with the already established groups for young people.</p> <p>It was confirmed that HealthWatch now have a project lead working in the Tees area and DE will send information to Helen Moore as</p>	

	<p>Sedgefield wish to invite HealthWatch to their locality meeting.</p> <p style="text-align: center;">ACTION – DE to send the project lead details for HealthWatch to Dr Helen Moore</p> <p>Apps, twitter, Facebook and other social media options were discussed as tools to be used as a route to young people and it was recognised that this was something to look at for the future.</p> <p>It was agreed that this would be discussed with Siobhan Jones from the NECS engagement team at a meeting about the Communications strategy.</p> <p style="text-align: center;">ACTION - DTG will liaise with public health and other groups on taking the work with young people forward. The Youth Forum report would be considered for a future GB meeting in public.</p>	<p>DE</p> <p>DTG</p>
<p>DDES-GB/13/14</p>	<p>Equality & Diversity Annual Report 2012/13 <i>Director of Performance and Information/Locality Link Director - Easington</i> <i>Joseph Chandy</i> <i>Gillian Findley presented the paper in Joseph Chandy's absence</i></p> <p>The draft report had been presented to the PCT cluster before it disappeared and it was appropriate to bring it to the CCG GB because as a statutory organisation the CCG has a responsibility to deliver on its equality duties from 1 April. The CCG will have to produce an annual report and decide whether to adopt the existing NHS County Durham & Darlington objectives or develop new ones. Arrangements for access to public meetings for people with disabilities were discussed and how requirements are funded. It was confirmed that there were arrangements in place for this with Ben Murphy and advice on the process moving forward.</p> <p>The governing body considered the report and discussed the CCG responsibility for delivering on its equality duties from 2013 onwards.</p>	
<p>DDES-GB/13/15</p>	<p>Finance report <i>Chief Finance and Operating Officer</i> <i>- Mike Taylor</i> <i>In attendance to present the report:</i> <i>Head of Finance and Performance</i> <i>- Mark Pickering</i></p> <p>This report outlined the DDES CCG's financial position as at the end of February 2013.</p>	

MP confirmed that everything is on track for the year end with an overspend within Acute, community services and high cost children's packages of care where there are themes starting to emerge.

CDDFT – the final contract has not yet been agreed which affects the certainty of the year end position. There is more certainty in respect of the other major providers.

Continuing Health Care (CHC) restitution cases - Some of these are still being supported by the PCT cluster fund, the latest total shows that 678 cases have applied for consideration. Approximately 400 cases have been considered of which a considerable number have been found to be not eligible, however provision is still needed for 2013/14.

AD said that she understood that North Durham CCG and Darlington CCG are now underspent on CHC and she asked how they had achieved that. It was confirmed that Darlington had renegotiated a larger budget and had managed to reduce their costs. It was also queried whether the budget was shared equally across the three CCGs or if there may be an uneven distribution of high cost cases within the three areas. It was confirmed that the budget had been allocated equitably but that DDES had more CHC cases each year, even though additional funding was put in each year this was not sufficient to cover the cost.

Community services – The major expenditure currently is linked to the Urgent Care element of the contract with CDDFT. There is some non-recurring funding but as invoices have started to come in it is clear that there will be an overspend.

QIPP – DDES has delivered against target within the current year and is ahead of the curve for the 2013/14 target.

With the use of reserves and underspends elsewhere the headline message is that all is on track to achieve financial balance at the year end.

KT raised concerns regarding finance team staffing levels and whether this will pose any risks to the CCG. MP confirmed that with NHS County Durham & Darlington still closing their accounts this will put a strain on resources over the next four weeks but the majority of staff are now in post full time and this has reduced pressure. There are some vacancies within the finance team which has impacted on DDES because of the recruitment freeze but that has now been lifted by NECS so this should start to resolve.

	<p>There are some issues around accessing patient data within NECS and the CCG and this may have an effect on performance reporting, however, the whole country is in the same situation and a solution is being sought at national level.</p> <p>The governing body received and considered the report on the current financial position.</p>	
	<p>COFFEE BREAK</p>	
<p>DDES-GB/13/16</p>	<p>Performance report <i>Director of Performance and Information/Locality Link Director - Easington</i> - Joseph Chandy <i>In attendance to present the report:</i> <i>Planning and Performance Manager</i> - Deborah Ward</p> <p>This paper set out the NECS February assessment of performance for DDES CCG, initially focussing on the indicators that NHS North is measuring commissioners against (appendix one). Updated performance data on the flu vaccination uptake was attached at appendix two. The draft of the outcomes monitoring template was also attached (appendix three). The performance tables produced by NHS North providing benchmarking of data at individual PCT as well as PCT cluster level were not available at the time of preparing this report.</p> <p>Dee Ward summarised the CCG performance in the highlighted areas as follows:</p> <p>C Difficile – this was a County Durham target and result. The position to January was 179 cases reported against a trajectory of 141 cases and so that target for the year could not be met. Work continues with all providers in reducing the number of cases in 2013/14 and an action plan has been requested to support this. March figures are still being fed through to finalise the plan.</p> <p>Ambulance Category A 8 minute response rate- DDES performance had reduced to 60.15% in January but initial figures showed an increase in February to 64.79%; a 10% improvement, however, hospital handover delays have created a problem during this period.</p> <p>There were no 18 week breaches and no patients waiting after 52 weeks for treatment.</p> <p>NHS Healthchecks – verification of the final position for DDES was awaited although NECS are working closely with CCGs on local</p>	

	<p>action plans.</p> <p>Choose & Book (C&B) - There has been a further improvement in usage across County Durham which was at fourth position in the region achieving 84% against the 90% target. This was a good improvement and JC was working on an audit of practices using C&B. The appendices attached to the report were discussed. It was confirmed that the flu data table was cumulative and for the year 2012/13. GB members commented that it was helpful to see the initial draft of the outcome measures in appendix 3 and DR suggested that quality and health and wellbeing action plan outcomes could be added so that everything was in one place.</p> <p style="text-align: right;">ACTION – DW will link with the clinical quality team to look at amending the document and adding all the measures in to have one comprehensive list. Also to link with TM around the performance indicators. DE to send performance indicators to DW.</p> <p>DW queried what the DDES requirement would be for reporting progress on each contract and SF referred to linking reporting to Commissioning for Quality and Innovation (CQUIN).</p> <p style="text-align: right;">ACTION – DW to clarify the inclusion of CQUIN in the reporting on the contracts.</p> <p>It was confirmed that most CCGs are requesting the same type of reporting, something comprehensive that is easy to read and understandable for localities.</p> <p>The governing body received and considered the current performance position.</p>	<p>DW DE</p> <p>DW</p>
<p>DDES-GB/13/17</p>	<p>Risk management report <i>Chief Finance and Operating Officer</i> <i>- Mike Taylor</i> <i>Mark Pickering presented in Mike Taylors absence</i></p> <p>The purpose of the paper was to set out the current risks facing the organisation, their assessment and the action taken or required to manage them.</p> <p>The report was created from detailed discussions at the Quality, Finance & Performance group meetings where all action plans were reviewed. There were two new clinical risks in the corporate register</p>	

	<p>with little change in the overall number. The 2 new risks had been added by GF and covered potential private provider failure.</p> <p>There was a query that there was no detail about the highest rated risk on the report - DDES CCG/43 – domestic homicide and related mental health implications. GF advised that this could now be revised. She was meeting with Diane Richardson that week and would update the GB at the next meeting. Dinah Roy advised that the clinical quality team will review the homicide report and share the learning points with practices.</p> <p>SM raised issues around GPs completing fire arms license paperwork and whether this needs to be added to the register. It was confirmed that this issue has been discussed with the LMC and the compromise is that police will take full responsibility for licensing and accountability will not sit with GPs.</p> <p>There were some questions about the action plans which support the risks and how the mitigated risk is then presented. A forecast of the impact of the mitigation would give the GB more assurance and an additional column could be added for this. Action point for Mike – reflect the mitigation impact</p> <p>The governing body considered the current risks facing the CCG, whether these were accurately assessed and reviewed the action being taken to ensure the risks were being appropriately managed.</p>	
	<u>INFORMATION</u>	
DDES-GB/13/18	<p>S256 Contracts <i>Chief Clinical Officer</i> <i>- Dr Stewart Findlay</i></p> <p>SF reported that the S526 contracts included a letter from Durham County Council and details of the contract that the NHS County Durham previously held with the Local Authority. There may be a couple of services that DDES CCG wish to review in the year and in future years. MT is leading on this to agree some minor changes with the Local Authority. The contract had been signed for 2013/14 and was split between the two CCGs.</p> <p>The documents were received for information.</p>	
	<u>STANDING ITEMS</u>	
DDES-GB/13/19	<p>Minutes to be received</p> <ul style="list-style-type: none"> - Durham Dales Clinical Group: - 24 January 2013 	

	<ul style="list-style-type: none"> - 28 February 2013 - - Sedgefield Locality Executive Committee: - 5 December 2012 - - - Executive Committee: - 15 January 2013 - 05 February 2013 - 19 March 2013 <p>The Chair highlighted the importance to routinely receive the appropriate executive and locality committee minutes as part of the CCG governance arrangements. Processes were being put in place to ensure that happened.</p> <p style="text-align: right;">ACTION – LJG to link with Sue Humpish to ensure this happens.</p>	LJG
DDES-GB/13/20	<p>Any other business There were no any other business identified</p>	
	<p>Date and time of next meeting 14 May 2013 at 9 am</p> <p>Meeting to be held in public. Spennymoor Town Hall</p>	

Minutes approved by

Chair **Annie Dolphin**

Date

Contact for the meeting:
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