NHS DARLINGTON
CLINICAL COMMISSIONING GROUP
SUB-COMMITTEE/GOVERNING BODY

Tuesday 5 March 2013
12.00 noon – 1.30 pm

Board Room, Dr Piper House

CONFIRMED MINUTES

Present:
Andrea Jones Chair (Designate) (Chair), NHS Darlington Clinical Commissioning Group (CCG) - Blackettts Medical Practice
Harry Byrne GP Member NHS Darlington CCG – Neasham Road
John Flook Non-Executive Director, NHS County Durham and Darlington
Martin Phillips Chief Officer (Designate), NHS Darlington Clinical Commissioning Group (CCG)
Liz Graham Chief Nurse, (Designate), NHS Darlington CCG
Lisa Tempest Chief Finance Officer (Designate), NHS Darlington CCG
Michelle Thompson Lay Member, NHS Darlington CCG
John Williams Lay Member, NHS Darlington CCG

In attendance:
Miriam Davidson Director of Public Health, Darlington
Lucy Hansen Secondary Care Clinician, NHS Darlington CCG
Jackie Kay Assistant Chief Officer (Designate), NHS Darlington CCG
Mandy Peacock Administrator, NHS Darlington CCG (minutes)
Murray Rose Director of Services for People, Darlington Borough Council

Apologies for absence

Apologies for absence were received from Richard Harker

GB/13/25 Declarations of Interest

There were no declarations of interests.

GB/13/26 Identification of any other business items and to hear relevant representation from members on items on this agenda and commissioning responsibilities
No other business items were identified.

**GB/13/27 Minutes of the NHS Darlington Clinical Commissioning Group (CCG) sub-committee/governing body held on 5 February 2013**

Lucy Hansen was in attendance at the meeting and needs to be reflected on the first page.

GB/13/19 – Finance & Performance Dashboard – the 7th paragraph should read – *Five complaints were received in December 2012; two relating to care provided by County Durham and Darlington Foundation Trust.*

Subject to the above amendment being made, the minutes of the meeting held on 5 February 2013 were approved as an accurate record.

**GB/13/28 Matters arising from the minutes of the Darlington CCG sub-committee/governing body held on 8 January 2013 2013**

GB/13/18 – Chair & Chief Officer (Designate) report February 2013 – Authorisation – MJP advised that ‘red’ areas are classified from 1-5, with 5 being severe. He added that the reds that Darlington CCG have are all classified between 1 & 2 which are deemed as minor issues.

**GB/13/29 Action Log**

The action log was updated.

**GB/13/30 Darlington Clinical Commissioning Group Constitution**

Assistant Chief Officer (Designate), Jackie Kay

The Governing Body considered a draft (V9) constitution for the CCG which now includes a clause around dispute resolution which was requested by the LMC as well as a clause around Members Assembly.

Subject to approval by the Governing Body, JK advised that the Constitution is now at the stage where it can be put into the public domain and would therefore be uploaded to the Darlington CCG website and circulated to GP practices.

JW thanked JK for the work undertaken on the Constitution, he added that Declarations of Interest is a torturous area and asked that the requirements were as far as possible “made simple”.

JK
NHS Darlington CCG governing body approved the Constitution as discussed.

**Chair and Chief Officer (Designate) report – March 2013**

*Chair (Designate) – Andrea Jones*

AJ introduced the report and highlighted the following from her written report:

**Authorisation** – Notification of the outcome is imminent with the NHSCB sub-committee meeting on 6 March.

**Clinical Summit** – This cross organisation session with clinicians and Managers set-out a new landscape nationally and locally. The outcome from the Summit was that a Clinical Advisory Group will be formed to discuss expectations and agree a way forward.

**Governing Body Meetings** – MJP advised that it will be of benefit to all if Governing Body meetings are held once per quarter and this was agreed. In intervening months a themed session will be arranged, and these will commence from April with the Francis Report and in June/July the theme will be Demand Management.

MR commented that this was a sensible approach and welcomed the opportunity to have deeper dialogue during the themed sessions.

LG suggested that it may be useful to hold Governing Body meetings in the Community to encourage local participation.

**Contracting Arrangements** – Concern over the apparent impact arising from the allocation for specialist commissioning on the CCGs financial position. LT advised that work is being carried out with the Area Team to resolve this issue and currently trying to reconcile what has been taken out with what can be removed from contracts to reduce the gap. AJ advised that she had verbal assurance from Richard Barker that the right amount of money is in the North-East.

JW asked if there was a timescale for resolution. MJP advised it was not unusual not to have sign off of contacts, and expected a resolution before financial year-end.

NHS Darlington CCG governing body received the Chair and Chief Officer (Designate) report.
Mid Staffordshire NHS Foundation Trust Public Inquiry – Second Report

Chief Nurse – Liz Graham

The Governing Body considered a report on the Mid Staffordshire NHS Foundation Trust Public Inquiry – Second Report

LG said that the report is critical of commissioners and providers, and many of the recommendations are aimed at commissioners. To enable the CCG to take forward the recommendations two lead officers have been appointed, Liz Graham (Chief Nurse) and Lisa Tempest (Chief Finance Officer), but the whole of the Executive Team will be involved in the work. The first aim is to look at all of the recommendations and form a view on which can be implemented quickly, mid-term, long-term, nationally and locally.

The CCG will work with the Commissioning Board to set enhanced quality standards. CCGs need to be continually auditing providers, and a programme of work is required in order to carry this out proactively.

The main piece of work, which needs to be implemented quickly, is Quality Impact Assessment on Provider Cost Improvement Plans.

NHS Darlington CCG governing body received the Mid Staffordshire NHS Foundation Trust Public Inquiry – Second Report and agreed that the April ‘Theme’ should be on the CCG response to Francis.

Winterbourne Report

Chief Nurse – Liz Graham

The Governing Body considered a report on Winterbourne.

LH highlighted that actions in the report are beholden to PCTs to ensure that CCGs inherit robust registers of patients with learning disabilities and that they have received a review.

The Governing Body was assured that Darlington CCG has received registers and all patients have received a review within the last 12 months and/or will receive another review by 31 May 2013. A letter to this effect has been sent to Ian Dalton at the Commissioning Board.

It was noted that this has been a massive undertaking and there needs to be assurance that work does not slip again.

HB asked whether there were any processes in place to ensure that the robust work continues. LG confirmed that she would ensure that arrangements were in place through NECs.
NHS Darlington CCG governing body received the Winterbourne Report

**GB/13/34  Safeguarding Children Report**  
*Chief Nurse – Liz Graham*

The Governing Body considered the Safeguarding Children Report.

LG explained that under new arrangements both CCGs and the National Commissioning Board (NCB) will be statutorily responsible for ensuring that organisations from which they commission services provide a safe system that safeguards children.

From 1 April 2013, Sections 11 and 13 of the Children’s Act 2004 will transfer from County Durham & Darlington Primary Care Trust (PCT) to the Durham, Darlington & Tees Area Team (AT) and Darlington Clinical Commissioning Group (DCCG). Both the AT and DCCG will have a statutory duty to be members of the Local Safeguarding Children Board.

NHS Darlington CCG governing body received the Safeguarding Children Report, noting the recommendations which have been completed.

**GB/13/35  Finance and Performance Dashboard**  
*Chief Finance Officer (Designate) – Lisa Tempest*

The Governing Body considered the Finance & Performance Dashboard.

LT advised that as at 31 January 2013 the CCG was underspent by £188k with a forecast underspend of £225k which was in line with the target agreed with NHS County Durham and Darlington.

The main areas of concern continued to be acute and mental health services both of which are being offset by lower than planned spend on other services and reserves.

LT further outlines the following:

**Contracting Position (Month 9)**

County Durham & Darlington FT:

A&E – performance is stable  
Outpatient Activity – 10% above plan at month 9 – an increase of 1% on the previous month, with a 10% increase in GP referrals this year
compared to last year.
Non Electives – Consistent with previous months

The impact of counting changes in respect of outpatient procedures has been quantified at £314k and will form part of the discussions with the Trust around year end settlements and the impact will be seen from April.

South Tees Hospitals FT – Spend has increased to 12% above plan at month 9 and this is linked to increased cardiology, cardiothoracic surgery and haematology activity.

Quality Framework – 27 incidents were reported in January 2013, 12 via GP Practices, 8 via County Durham & Darlington FT and the remainder by independent providers and pharmacies.

Complaints – 2 complaints were received in January from residents of Darlington.

PALS – 50 concerns/questions were raised by Darlington residents, the majority of which were related to the closure of the Darzi Health Centre.

Performance (Month 9)

Referral to Treatment – Long Waits – At the end of December 2012 there were 38 patients who had been waiting for treatment over 26 weeks. This is a reduction of 19 patients from November 2012.

Providers have been asked to give assurance that there are plans in place to ensure no patients are waiting in any specialty for longer than 26 weeks from April 2013.

LH asked if there was any specific treatment causing the long waits. MJP advised it was specialist services – orthopaedics, plastics and orthodontics.

Health Visitors – The FT have provided an overview as requested. Additional detail has now been requested to ascertain where they work/which practice they are aligned to.

Ambulance Category A, 8 minute response – A slight decline is now being seen in the area and is a concerning trend. NEAS will be subject to ongoing performance monitoring.

Choose & Book – A reduction has been seen for the 2nd consecutive month, but is consistent regionally and nationally. It was discussed at the February Finance & Performance meeting and it was explained
that it was in part due to the Christmas holiday period and an improvement was expected.

JW said that the Ambulance figures were an area of concern and North East Ambulance Service need to be informed that it is not acceptable,

AJ said that demand management was key for 2013/14 and asked when action plans would be in place. MJP advised that plans would be developed through the Finance & Performance Committee. He added that practices have access to RAIDr. JK advised that discussions on practices using RAIDr will commence at the March meeting to ensure best use.

NHS Darlington CCG governing body considered the information presented on the dashboard and received the current finance and performance position.

**GB/13/36 Individual Funding Requests**

**Assistant Chief Officer (Designate) – Jackie Kay**

The Governing Body considered a report on Individual Funding Requests.

CCGs are required to have a process in place for the management of Individual Funding Requests (IFRs) and assume responsibility of decision making from 1 April 2013.

An Individual Funding Request Panel will be established and will report to the Governing Body.

The main functions of the panel will be to consider all IFRs and decide whether to support or not on the basis of the information provided.

Jackie Kay as CCG lead and Dr Richard Harker as CCG Quality Lead will form part of the panel and appropriate training and support will be provided.

JK advised that specific Terms of Reference (ToR) have been developed.

MD said that it was important to have a consistent approach and specialist public health input to IFRs and maintain and review policies on an ongoing basis as this will form part of the Core Offer. It would probably be delivered through the Tees Valley Team.

MJP noted that page 1 of the ToR makes reference to a nominated
CCG NED – this needs to be amended.

JK to provide further information on the expectation on the role of Chair.

The Assistant Chief Officer is the Darlington CCG delegated representative and the Chief Nurse as the deputy representative.

Subject to the discussion, the NHS Darlington CCG governing body agreed to formally adopt the IFR process and approved the documentation supporting this. Dr Richard Harker is confirmed as the Darlington CCG Clinical Advisor for IFRs

**MINUTES TO RECEIVE**

NHS Darlington CCG Governing Body received the following minutes:

- **GB/13/37**
  - Quality and Innovation sub-committee
    - 15 January 2013

- **GB/13/24**
  - Finance and Performance sub committee
    - 22 November 2013 and 17 January 2013

- Health & Wellbeing Board
  - 4 December 2012

**Date and time of next meeting**

The next meeting of NHS Darlington CCG Governing Body would be held on Tuesday 26 March 2013, 11:30 – 13:00 at Morton Park Training & Business Centre, Darlington.

Signed

Chair: Andrea Jones

Date