

**CUMBRIA CLINICAL COMMISSIONING GROUP  
MINUTES OF THE GOVERNING BODY MEETING  
HELD AT 2 PM, ON 10 APRIL 2013  
PENRITH RUGBY CLUB, WINTERS PARK, PENRITH**

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|-----------------------|------------------|---|
| <b>Present:</b>       | Geoff Jolliffe   | Locality Lead GP for the South of the County (GJ)             |
|                       | Nigel Maguire    | Chief Officer   |
|                       | Hugh Reeve       | NHS CCG Chair ( <b>Chair</b> )                                |
|                       | Jon Rush         | Lay Member (Patient Engagement) (JR)                          |
|                       | Charles Welbourn | Chief Finance Officer (CW)                                    |
|                       | Anthony Woodyer  | Clinical Member – Specialised Secondary Care Doctor (AW)      |
|                       |                  |   |
| <b>In Attendance:</b> | Jen Lawson       | General Manager (JL)  |
|                       | Peter Rooney     | Director of Planning and Interim Director of Performance (PR) |
|                       | Brenda Thomas    | Governing Body Support Officer (BT)                           |
|                       |                  |   |
| <b>Observers:</b>     | Liz Clegg        | Formerly of the Patient Voice Group                           |

**GB 1/13 Welcome and Apologies Action**

The Chair welcomed everyone to the inaugural meeting of the Governing Body and thanked the members of the public for attending. Apologies were received from Ruth Gildert, Clinical Member (Registered Nurse), Les Hanley, Lay Member (Health Improvement), Richard Parry, Local Authority Member to represent Social Care, David Rogers, Lead GP North and Peter Scott, Lay Member (Finance and Governance).

**GB 2/13 Declarations of Interest**

There were no declarations of interest.

**GB 3/13 Minutes of the Shadow Governing Body Meeting Held on 6 February 2013**

**RESOLVED:** The notes of the above meeting were agreed as an accurate record.

Chair's Initials  


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**GB 4/13 Questions from members of the public present**

Questions from members of the public are contained in Appendix 1.

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**GB 5/13 Chair and Chief Officer's update report**

**Authorisation**

NM presented the report confirming that the CCG had received confirmation from the National Commissioning Board that it was now authorised without conditions to undertake the duties of the CCG. He thanked everyone who had been involved in the authorisation process for their hard work.

**Contracts**

NM advised that the CCG had agreed the contracts with each of the local NHS Trusts. However, the contracts would not be signed until outstanding issues regarding the specialist commissioning had been resolved with the National Commissioning Board. Regular meetings were taking place to finalise those discussions.

**111**

The soft launch of the 111 service had quickly exposed that there was not sufficient capacity for the service to be delivered safely. The CCG decided to return the out of hours calls to Cumbria Health On Call (CHOC) to ensure that there was sufficient capacity to deal with calls. NM confirmed that the service would not be re-instated until there was absolute confidence that all the issue had been fully addressed.

The Chair commended Cumbria Health on Call (CHOC) for their exceptional response to the situation.

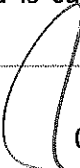
**Kings Fund**

The Chair explained that the Kings Fund is a national charity and one of the most influential health think tanks. The Kings Fund have invited Cumbria to be one of ten health communities across England to meet as a learning set (initially for a 12 month period) to work towards integrating services. The Cumbria contingent will comprise a mixture of people from the CCG and the four Trusts. Updates on the progress of these learning sets would be reported back to the Governing Body.

**Performance and Planning**

PR presented the performance section of the report, and advised that targets are measured against the NHS outcomes framework and the NHS Constitution. PR highlighted the areas of major health inequalities across Cumbria, and the key constitution commitments which Cumbria is currently underperforming against as:

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- waiting times for elective treatment (around 18 week waiting times)
  - A & E waiting times
  - inherent challenges around ambulance waiting times which were primarily because of the Cumbria geography
  - 62 day wait for Cancer treatment at out of County tertiary centres whose waiting times were currently being stretched

PR presented the CCG Plan which had been submitted to the National Commissioning Board. The plan was focused on the five key domains of the outcomes framework. PR asked Members to note that as part of the planning submission the CCG had to give an assurance that each of the provider Trusts had fully assessed their cost improvement plans for quality and safety. The Chair advised that this was not a one off process and would form part of the discussions at the quality groups for each of the four main contracts which would be an ongoing process throughout the year and be recorded through the minutes of those groups.

Proposed by the Chair, seconded by Charles Welbourn

**Resolved:** The report was noted.

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**GB 6/13 Chief Finance Officer's update report**

CW presented the report advising that due to the issues already highlighted in the Chairman's and Chief Officer's report it had not been possible to produce a finalised budget for the year 2013/14. However work was ongoing with the two North of England Area teams to try and resolve the issues and it was envisaged that by early May a formal budget would be available to be adopted by the Governing Body.


CR advised that the balance sheet of the former Cumbria Teaching PCT at 31 March would be finalised (subject to audit) by the end of April and those elements relating to NHS Cumbria CCG transferred to the CCG's balance sheet. In the interim the CCG would draw funds from NHS England to ensure ongoing business commitments were met. In addition CR asked Members to approve the proposed list of Authorised signatures.

In response to a question from GJ CW confirmed that there were no residual debts that should be inherited from the former PCT and under the new rules the CCG should inherit a share of the surplus which the former PCT projected to its Trust Board at its final meeting in March 2013.

Proposed by Jon Rush, seconded by Geoff Jolliffe and

**Resolved:**

1. The current status of the CCG's financial planning be noted
  2. The process for setting the CCG Budget for 2013/14 be approved
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3. The arrangements for establishing the CCG budget sheet be noted
  4. The proposed list of authorised signatories be approved
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**GB 7/13 Localities Update Report**

GJ advised the public present that he was a GP working in Furness but was representing the South of the County. GJ summarized the report.

It was agreed that a CCG Engagement Strategy should be brought to a future meeting of the Governing Body, with discussion in June.

Proposed by Jon Rush, seconded by Anthony Woodyer and

**Resolved:** the report be noted.

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**GB 8/13 Francis on a Page**

NM presented the report stating that the 'Francis on a Page' document set out the CCG's commitment and intent to put quality and safety at the heart of everything it did. NM advised that a detailed action plan would be presented for consideration to the Governing Body at the June 2013 meeting.

Proposed by Geoff Jolliffe, seconded by Anthony Woodyer and

**Resolved:**

1. the 'Francis on a Page' be approved as the CCG's statement of intent and commitment and be published
  2. A detailed action plan be produced and brought back to the June 2013 meeting for consideration
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**GB 9/13 NHS Cumbria PCT Corporate Handover & Quality Handover Documents**

PR presented the report advising that the former NHS Cumbria PCT was required to produce a formal handover document as a statement of public record of the issues it had addressed over its lifetime and the issues it was still working on at the time it ceased to exist. In addition the PCT had produced a quality handover document which similarly addressed the major quality issues it was facing as at 31 March.

Proposed by Nigel Maguire, seconded by Charles Welbourn and

**Resolved:**

1. The handover documents from NHS Cumbria PCT be received
  2. The Senior Management Team ensures that any urgent or immediate quality and safety actions are addressed as quickly and
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robustly as possible

3. The Senior Management Team fully review both documents, and bring a proposed action plan to the June Governing Body to include:
  - i. A clear list of actions that are within the scope of the CCG responsibilities which must include the public consultation strategy
  - ii. of those, which actions are considered still live
  - iii. of those, which actions the CCG will take forward in 2013/14 and how
  - iv. which actions the CCG will not take forward in 2013/14 and why

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### GB 10/13 Ratification of the approval of Standing Orders

CW presented the report detailing the requirement to ensure that these governance documents were considered and approved prior to the 1 April 2013. The Shadow Governing Body had delegated the Shadow Audit Committee to consider and approve these documents at its meeting on the 27 March 2013 and they were submitted for ratification for onward submission to the Full Council of Members at its meeting in May.

NM advised that following further discussion a formal report would be submitted to the Governing Body in June with a consideration of holding a range of meetings in public.

The Chair asked for the following amendments to be made to the Standing Orders:

1. Page 14, 4.6 – Appointment of Chair and GP's to the CCG – The wording be amended to read "GP Members will be elected to the Locality Executives for a four year term by elections conducted by the LMC. Each Locality will then appoint a Lead GP to sit on the Cumbria Executive. These six GP's will appoint from their number the Clinical Chair for the CCG. Each Locality shall determine the number of GP's to be elected dependent upon local circumstances."
2. Page 18, 5.18 – Full Council of Members Voting System – The wording be amended to read "Each member practice will have one vote which will be by show of hands by those present at the meeting. Proxy voting will not be permitted."

The Chair also advised that there was still some cross referencing to be completed including cross referencing with the Constitution which would be completed before its ratification by the Full Council of Members.

In response to a question to a question from JR the Chair confirmed that the



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Terms of Reference for Committees of the Governing Body should be reviewed at the earliest possible opportunity by each Committee and any recommendations brought back for consideration.

Proposed by Geoff Jolliffe, seconded by Jon Rush and

**Resolved:**

1. Subject to the above amendments the Standing Orders Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies be recommended to the Full Council of Members for approval at its meeting in May 2013.
2. The Terms of Reference be approved with the proviso that they be reviewed by each committee at the earliest opportunity and any recommended changes be submitted to the Governing Body for approval.

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**GB 11/13 Ratification of the adoption of operating policies**

CW presented the report advising that along with the documents considered under item 10 on the agenda the CCG was required to ensure that it had sufficient policies in place to ensure it was operational from the 1 April 2013, the authority for which was delegated to the Shadow Audit Committee.

The attached list of policies was produced and recommend as being required by the CCG for adoption, and was approved at the Shadow Audit Committee on 27 March 2013. However it was acknowledged that a work programme to review all policies was required and that it be monitored by the Audit Committee so that the Governing Body could be assured that policies were being reviewed and updated systematically.

Proposed by Jon Rush, seconded by Anthony Woodyer and

**Resolved:** the polices approved by the Shadow Audit Committee be adopted and the work programme for their review be developed and produced to the Audit Committee in May.

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**GB 12/13 Minutes of:**

**Locality Executives:**

- Allerdale – 14 March 2013
- Carlisle – 20 February 2013
- Copeland – 28 February 2013
- Eden – 14 February 2013
- Furness – 14 February 2013

Cumbria CCG Executive 21 February 2013

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## Appendix 1

### Questions & Answers from Members of the Public - Agenda Item 4

**Viv Stucke – The ‘Francis on a Page’ item reads as a welcome statement of intent. Can you say when and how you will hope to address the individual recommendations? Also how will you a) make these plans accessible to the public and b) ensure the public’s active involvement?**

NM advised that he would respond to the above questions during item 8 on the agenda.

**Eric Martlew (Mr Martlew advised that he was a Governor for Northumbria but that he was attending in a personal capacity.) - What influence will the NHS Cumbria Clinical Commissioning Group (CCG) have in respect of where the responsibility should rest in the NHS for the Community Hospitals (not the individual community hospitals), i.e. whether they should remain with the Cumbria Partnership Financial NHS Trust (CPFT) or transfer to the North Cumbria University Hospital NHS Trust (NCUHT)?**

The Chair advised that the CCG saw all the beds classed as ‘community beds’ as an integral part of the health system within Cumbria and that currently there were no plans to change the providers. This was because of the associated services such as the district nursing teams, physiotherapist, occupational therapists and how they relate to social care and home care. This is an area which the CCG wished to develop in the future and considered that these services sat naturally with the CPFT. However the Chair emphasized that this was not to say that this would not change in the future.

NM advised that the CCG was committed to ensuring that all Trusts across Cumbria worked in an integrated way to ensure that there was not an arbitrary divide around patients care and treatment and so that as patients transfer in and out of hospital settings they were not aware that different NHS Trusts were providing that care.

**Terry Jones – In the minutes of Shadow Governing Body it stated “Part of the likely solution is to develop new types of job plans which are attractive to clinicians involving clinical work in diverse settings”. Could you please explain what this means?**

The Chair advised that attracting doctors early on in their careers to work in Cumbria, especially in an out of hours organisation, was difficult because they were only being offered a few hours work per week (usually unsociable hours) dealing with urgent cases. More often than not young doctors were looking to work in general practice or undertake further training and therefore the CCG was working with Cumbria Health on Call (CHOC) and CPFT to develop more attractive incentives which had a mix of roles to entice young doctors to come and work in Cumbria.

**Neal Hughes – Mr Hughes advised that he had two questions:**

- 1) Was the fact that there was only one GP at the Shadow Governing Body on 6 February due to the difficulties in recruiting GP’s in Cumbria as detailed in the minutes of that meeting?**

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**Resolved:** The above minutes be received for information.

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**GB 13/13 Any other urgent items of business**

There were no urgent items of business.

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**GB 14/13 Questions from Members of Public Present**

Questions and answers from members of the public are contained in Appendix 2.

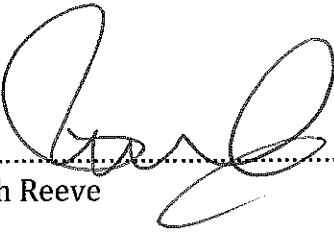
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**GB 15/13 Date and Time of the next meeting:**

NM advised that whilst the next meeting was scheduled for the 13 June commencing at 13.30 p.m., there was a requirement for an additional meeting which would take place on 9 May 2013 commencing at 4 p.m., the venues for both meetings to be confirmed.

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The meeting closed at 16.42 p.m.

Signed.......... Dated: 9 May 2013  
Dr Hugh Reeve  
Chair

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**Questions & Answers from Members of the Public - Agenda Item 14**

**Mary Savage – Given the issues with the 111 service mentioned earlier in the meeting why does Cumbria not continue to use the CHOC service? If it is because the 111 service is a national scheme, then does this not go against the principle of employing people locally?**

The Chair confirmed that the 111 service was a national initiative which provided a single number which could be utilised anywhere in the Country. Therefore if someone was on holiday and did not know the area and needed medical advice (as opposed to having a medical emergency where they would ring 999) then they could just ring 111 rather than trying to locate a local number. The principal for which was applauded by most in the medical profession. However it was important that before Cumbria switches to the 111 service the CCG ensured it was a safe, effective service.


NM advised that when initial discussions took place about the introduction of the above service the CCG insisted that it had a local call handling centre in Cumbria employing local people who had a working knowledge of Cumbria and its communities.

**Evelyn Bitcon (long term volunteer) – Can the CCG advise whether it intends to set up stakeholder groups or workshops to ensure effective public and patient engagement is achieved?**

JR advised that there was not one 'golden' answer to effective public engagement. The PCT handover paper which included input from Patients Voice acknowledged that having a forum of people was useful but in its self did not provide effective public engagement. There were so many people and groups who wished to play an active part or raise issues on one particular subject or illness that it was really difficult to ensure that it was all captured. However JR stated that there is a mechanism in place through 'I want great care' that allows issues to be captured as they happen and are then fed back instantly to the CCG. He also advised that he had been reassured during his time of working with the CCG that there was a real commitment to engage effectively and to ensure it was not just a "tick box exercise". To this end discussions were ongoing about how this could be achieved but there was not an instant answer that can be given today. Ms Bitcon was invited to discuss the issue further with JR after the close of the meeting.

**Eric Martlew – In the minutes of the Carlisle Executive Team meeting held on 20 February under item 5 (i) AQP in Cumbria – Ultra Sound Service it appeared that there were bids by private companies to provide the ultrasound services in Cumbria. What effect would this have on those services and would it destabilise the Trusts position?**

The Chair advised that he would need to seek a specific response from Carlisle Locality and it would be forward to Mr Martlew in due course.

  
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- 2) In the Chairs and Chief Officers report there is reference made to the Kings Fund integration community. This sounds a very interesting project and several of us would like hear more about it.**

The Chair confirmed that the second question would be covered in item 5 of the agenda. In response to the first question the Chair advised that the CCG had made a conscious decision to ensure that the Governing Body had a mix of members and did not just consist of a majority of GPs. He also advised that the CCG was made up of 82 member practices and a Full Council of Members meeting had been created to ensure that a representative from each practice had the opportunity to meet at least annually as the ultimate decision making body for this organisation. However the reason for there only being one GP at the 6 February meeting was due to illness and surgery responsibilities.