

DRAFT

Minutes of the NHS Calderdale Clinical Commissioning Group Additional Governing Body Meeting held on 5 February 2015, 4pm in the Shibden Room, 5th Floor, F Mill, Dean Clough, Halifax

Present	Dr Steven Cleasby	GP Member and Assistant Clinical Chair (and Chair of the meeting)
	Dr Matt Walsh	Chief Officer
	Julie Lawreniuk	Chief Finance Officer
	Dr Hazel Carsley	GP Member
	Kate Smyth	Lay Member (Patient and Public Involvement)
	Dr Caroline Taylor	GP Member
	Dr John Taylor	GP Member
	Dr Nigel Taylor	GP Member
Present by telephone	David Longstaff	Lay Member and Deputy CCG Chair
	Jackie Bird	Registered Nurse
In attendance	Debbie Robinson Judith Salter Helen Robinson	Head of Primary Care Quality and Improvement Corporate and Governance Manager Corporate and Governance Officer (minutes)

1. APOLOGIES

Dr Alan Brook	CCG Chair
Dr Majid Azeb	GP Member
John Mallalieu	Lay Advisor to the Governing Body
Penny Woodhead	Head of Quality
Bev Maybury	Director of Adult Health and Social Services (Calderdale MBC)
Paul Butcher	Director of Public Health (Calderdale MBC)

2. BACKGROUND

The Head of Primary Care Quality and Improvement provided the background to the need for an additional Governing Body meeting.

The CCG was contacted by NHS England on the 3 February regarding its application for full delegation under co-commissioning of primary medical services. NHS England (NHSE) required assurance that all the documents supporting the CCG's application had been approved by the Governing Body before the application was considered on the 10 February 2015. NHSE were clear that the CCG would not be granted delegated

commissioning of primary medical services in 2015/16, if the CCG was unable to provide the necessary assurances.

This was contrary to earlier advice, however it was felt important that on this occasion, the CCG try and accommodate this requirement as it would allow it to move forward with full delegation which would put it in a much stronger position to deliver the transformation agenda.

The aim of the additional meeting was therefore to approve the Conflicts of Interest Policy, draft Terms of Reference for a Primary Medical Services Commissioning Committee, and suggested amendments to the CCG's Constitution including the scheme of delegation.

3. **SUSPENSION OF STANDING ORDERS**

The Corporate & Governance Manager explained that for the Governing Body to make a formal decision by the 10 February 2015, it would need to suspend standing orders for the purposes of this additional meeting, provided one third of the Governing Body members were in agreement. The next formal Governing Body meeting was scheduled for the 12 February and therefore outside the given timescale.

All present supported the suspension standing orders for the duration of this meeting.

It was confirmed that, as per sections 9.15.2 and 9.15.3 in the CCG's Constitution, the decision to suspend Standing Orders together with the reasons for doing so would be recorded in the minutes of the Governing Body meeting on the 12 February 2015. A report of the discussions and the decisions would be submitted at the same time to ensure openness and transparency.

ACTION

The discussion and any decisions from this additional meeting would be formally minuted.

ACTION

A separate record of matters discussed during the suspension would be kept. These records would be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

This would be reported to Audit Committee at its meeting on the 5 March 2015.

ACTION

4. **CONFLICTS OF INTEREST POLICY**

The Conflicts of Interest Policy had previously been circulated for comments. The Governing Body reviewed the policy and any suggested amendments page-by-page:

Section 3 –amended to say '*This policy applies to NHS Calderdale CCG and applies to all employees, members of the Governing Body, its committees, associates and members of the CCG as well as individuals providing services to the CCG.*'

Section 5.3 –The time period for declarations of interest to be made as no

later than 28 days after becoming aware of the conflict to be retained.

Section 5.5 – It was explained that the reference to dismissal or criminal action had been added following advice from the CCG’s Counter Fraud Specialist.

Section 6.1 – To be amended to make a generic reference to Commissioning Support rather than specific.

Section 6.2 – The Governing Body agreed that tender waivers did not need to be included in the Register of Procurement Decisions, as a report on waivers is taken to each Audit Committee meeting.

Section 6.3 – It was agreed that it was good practise to make the registers available on request as well as being published on the CCG’s website.

Section 7.2.3 – Contained greater clarity on the management of conflicts of interest.

DECISION

The Governing Body approved the draft Conflicts of Interest Policy, subject to the additional amendment to section 6.1. **ACTION**

5. PRIMARY MEDICAL SERVICES COMMISSIONING COMMITTEE – DRAFT TERMS OF REFERENCE

The Corporate & Governance Manager informed the Governing Body that the draft Terms of Reference had been commented upon by the Head of Primary Care Quality and Improvement, the Chief Officer and Lay Advisor to the Governing Body. The content followed NHS England’s model Terms of Reference.

Section 2 – Membership

Following discussion, it was agreed that clinical input in the form of two GP Governing Body members on the committee was crucial, with the Conflicts of Interest Policy being applied where required. The GP members would not be required for quoracy purposes. **ACTION**

Formal written confirmation was awaited from NHS England that the Lay Advisor to the Governing Body would be eligible to chair the committee.

The Governing Body was informed that NHS England had agreed the draft Terms of Reference.

It was agreed following discussion that the Members listed in Section 2.1 should include the Secondary Care Specialist **and** the Registered Nurse, rather than either one or the other. **ACTION**

Section 2.2 – Substitutes

It was confirmed that the Head of Finance would not be able to be a substitute for the Chief Finance Officer, because of the required authorisation limits under the standing financial instructions. They would be added to the list of people in attendance in Section 2.1.

ACTION

Section 3.4 – Quoracy

The meeting agreed that this section should read '**The Chief Finance Officer or the Chief Officer**', rather than 'and/or'.

ACTION

Section 3.6 – Frequency of Meetings

It was agreed to amend the frequency of meetings to at least 3 times per year rather than 6 times per year, due to the amount of business expected.

ACTION

Section 6 – Accountability and Decision Making

It was confirmed that this committee would have full delegated authority for financial decisions relating to primary medical services.

DECISION

The Governing Body approved the draft Terms of Reference, subject to the amendments listed above.

6. EXTRACT FROM CONSTITUTION PROPOSALS

The Corporate and Governance Manager presented the amendments contained within the body of the Constitution and the authority delegated to the committee as set out in the scheme of delegation.

DECISION

The Governing Body agreed the proposed amendments to the CCG Constitution and Scheme of Delegation.

7. NEXT STEPS

1. The Chief Officer to inform NHS England of the Governing Body's approval of the Conflicts of Interest Policy, Terms of Reference, and amendment to the CCG Constitution, via a letter counter-signed by the Assistant Clinical Chair.
2. Paper detailing the above to be circulated under separate cover for information at the Governing Body meeting on 12 February.
3. Report to be written for Audit Committee on the 5 March regarding the Suspension of Standing Orders.

ACTION

ACTION

ACTION

8. DATE AND TIME OF NEXT MEETING

Thursday 12 February 2015, 2.00pm-5.00pm, Threeways Conference Centre.

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Clinical Commissioning Group Governing Body Meeting 5 February 2015 – Action Sheet

Report name	Minute No.	Action required	Lead	Current status	Comments/ Completion Date
Suspension of Standing Orders	3.	The decision to suspend Standing Orders together with the reasons for doing so would be recorded in the minutes of the Governing Body meeting on the 12 February 2015. A report of the discussions and the decisions would be submitted at the same time to ensure openness and transparency.	Judith Salter	Completed	12 Feb 2015
		The discussion and any decisions from this additional meeting would be formally minuted.	Judith Salter	Completed	To be approved on 9 April 2015.
		Report to be written for Audit Committee on the 5 March regarding the Suspension of Standing Orders.	Judith Salter	Completed	5 March 2015
Conflicts of Interest Policy	4.	Section 6.1 – To be amended to make a generic reference to Commissioning Support rather than specific.	Judith Salter	Completed	February 2015
Primary medical services commissioning committee – draft terms of reference	5.	Amendments to be made to the sections on Membership, Substitutes, Quoracy and Frequency of Meetings.	Judith Salter	Completed	February 2015
Next Steps	7.	The Chief Officer to inform NHS England of the Governing Body's approval of the Conflicts of Interest Policy, Terms of Reference, and amendment to the CCG Constitution, via a letter counter-signed by the Assistant Clinical Chair .	Matt Walsh	Completed	February 2015