



**Nottingham North and East  
Clinical Commissioning Group**

Putting good health *into practice*

**MINUTES**

**Nottingham North & East Clinical Commissioning Group Governing Body  
Meeting Held 19<sup>th</sup> July 2016 at Gedling Civic Centre**

**Present**

Janet Champion (JC)	Deputy Chair – Lay Member PPI
Jonathan Bemrose (JB)	Chief Finance Officer
Dr Ian Campbell (IC)	GP Representative
Dr James Hopkinson (JH)	Assistant Clinical Chair
Dr Caitriona Kennedy (CK)	GP Representative
Dr Paramjit Panesar (PP)	Assistant Clinical Chair
Rebecca Stone (RS)	Deputy Director of Nursing and Quality on behalf of Nichola Bramhall, Registered Nurse, Director of Nursing and Quality
Susan Turner (ST)	Nottinghamshire County Council, on behalf of Paul Mckay, Service Director
Sam Walters (SW)	Chief Officer

**In Attendance**

Hazel Buchanan (HB)	Director of Operations
Andy Hall (AH)	Director of Outcomes and Information
Helen Jones (HJ)	Head of Urgent Care, NHS Nottingham City CCG
Sharon Pickett (SP)	Deputy Chief Officer

**Apologies**

Terry Allen (TA)	Lay Member – Financial Management & Audit
Nichola Bramhall (NB)	Registered Nurse, Director of Nursing & Quality
Dr Elaine Maddock (EM)	GP Representative
Dr Ben Teasdale (BT)	Secondary Care Consultant
Paul McKay (PM)	Service Director, Nottinghamshire County Council
Stephen Storr (SS)	Patient Representative

Agenda Items		Actions
GB 16/079	<p><b>Welcome &amp; Apologies</b></p> <p>Janet Champion (JC) welcomed all to the meeting. Apologies were noted as above. JC confirmed that Rebecca Stone (RS) was deputising for Nichola Bramhall and Susan Turner (ST) was deputising for Paul McKay.</p>	
GB 16/080	<p><b>Declarations of Interest</b></p>	

	No declarations were made specific to the agenda. JC confirmed that ST had no conflicts of interest.	
GB 16/081	<p><b>Questions from the Public relating to the Agenda</b></p> <p>No questions from the public were raised prior to the meeting.</p>	
GB 16/082	<p><b>Minutes of the Last Meeting</b></p> <p>The minutes of the meeting held on 17<sup>th</sup> May 2016 were accepted as an accurate record with the amendment to a typing error on page three to read: 'recognised'.</p>	
GB 16/083	<p><b>Matters arising and actions from the meeting held on 17<sup>th</sup> May 2016</b></p> <p>16/058 – Shared Lives Scheme – Hazel Buchanan (HB) confirmed that NNE is currently reviewing how we can extend the Shared Lives Scheme to include carers for health needs. This is being taken through the Carers Commissioning Forum, attended by Nottinghamshire CCGs and a business case is the next step.</p> <p>16/061 – QIPP Schemes – Sharon Pickett (SP) sent upcoming meeting dates to Nichola Bramhall (NB).</p> <p>16/061 – Paul McKay (PM) is currently reviewing joint policies for the Occupational Therapy Teams and as part of this is reviewing referrals through the Care Delivery Group.</p> <p>16/060 – HB provided apologies as the McKinsey feedback was not circulated to the Governing Body members.</p>	
GB 16/084	<p><b>Annual Assurance Letter</b></p> <p>Sam Walters (SW) discussed the annual assurance letter to which NNE has been rated as 'good'. The assessment followed five key components that included; 'well led organisation', 'delegated functions', 'finance', 'performance' and 'planning'. The assurance summary highlights the strengths and areas for improvement. It was noted that this is the last time this particular regime will be used as a new one is expected after the summer.</p> <p>The Governing Body <b>acknowledged</b> the assurance letter.</p>	
GB 16/085	<p><b>Chief Officer Report</b></p> <p>SW introduced the report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>The new junior doctor's contract is expected to be introduced in August 2016 with doctors transitioning</li> </ul>	

	<p>onto the new terms on a phased basis from October 2016.</p> <ul style="list-style-type: none"> <li>• NHS England has published revised statutory guidance on managing conflicts of interest for CCG's. There has been seven recommendations including; 1) minimum of three lay members on the governing body, 2) introduction of a conflicts of interest guardian, 3) a robust process for managing breaches within the policy and anonymised details of the breach to be published on the CCG website, 4) strengthened provisions around decision making, 5) strengthened provisions around the management of gifts and hospitality, 6) annual audit of conflicts of interest management within their internal audit plans and 7) a requirement for all CCG employees, governing body and committee members and practice staff involved in CCG business to complete mandatory conflicts of interest training. HB confirmed that the CCG is on track to implement the requirements of the guidance and confirmed that Terry Allen is the conflicts of interest guardian.</li> <li>• NHS England has launched a new scheme to test investment in recruitment and marketing for new GPs. The Targeted Investment in Recruiting Returning Doctors scheme also aims to attract GP's by offering up to £10,000 in relocation and educational bursaries. The pilot scheme offers individualised support to practices to help fill vacant posts.</li> <li>• NNE CCG is working with the Nottinghamshire Fire and Rescue Service to improve health and resilience for the local population in South Nottinghamshire. This will support transformation and new ways of working in partnerships with other public service providers.</li> </ul> <p>The Governing Body <b>acknowledged</b> the Chief Officer's Report.</p>	
<b>PLANNING</b>		
GB 16/086	<p><b>NUH Contracting Update</b></p> <p>SW provided an update on the current contract with Nottingham University Hospitals NHS Trust. The contract was agreed in April 2016 however this subsequently went into mediation. Nottingham University Hospitals NHS Trust and the CCGs have been given three months to agree four outstanding elements of the contract. This includes services that fall outside of tariff, called locally priced services. All locally priced services have been fully reviewed and an extraordinary Contract Executive Board meeting has been held to confirm next steps in relation to decommissioning. Reviews will be supported with service specifications allowing for decisions to be made in relation to service provision and this also provides an opportunity to</p>	

	<p>develop meaningful KPI's.</p> <p>Twelve months' notice is to be given to Nottingham University Hospitals NHS Trust during which time new service specifications will be completed, including patient and public involvement. Reviews have been clinically led and a quality impact assessment (QIA) has been completed for each project scheme.</p> <p>The Governing Body:</p> <p>Acknowledged the contracting update and supported the actions being taken in relation to local pricing.</p>	
GB 16/087	<p><b>Emergency Pathway in Emergency Department</b></p> <p>Helen Jones (HJ), Head of Urgent Care, provided an update on plans for the emergency pathway.</p> <p>Key points discussed include the following:</p> <ul style="list-style-type: none"> <li>• 2016/2017 Vanguard funding has been confirmed at £1.3m and £1m is to deliver 8 elements of Integrated Urgent Care by March 2017. Some of the funding has been sourced to support Mental Health.</li> <li>• The 8 key elements include; 1) a single call to get an appointment out-of-hours, 2) data can be sent between providers, 3) the capacity for NHS 111 and out of hours services is jointly planned, 4) the summary care record is available in the clinical hub and elsewhere, 5) care plans and patient notes are shared between providers, 6) appointments can be made to in-hours GP's, 7) there is joint governance across local urgent and emergency care providers, 8) there is a clinical hub containing (physically or virtually) GP's and other health care professionals.</li> <li>• The new model looks at an enhanced 111 service to support service delivery in signposting patients to the correct service, ensuring right advice or treatment first time. The NHS 111 calls will be assessed by a call handler in a clinical advice hub.</li> <li>• Patient offer expected for 2020. Main difference locally will be the clinical hub staffed by GP's and Nurses.</li> <li>• Currently reviewing patient cohorts as this will build on existing pathways within our contracting agreement.</li> <li>• Currently reviewing where this service will sit regionally and locally. Service specification to be developed with a view to commission in 2017.</li> <li>• CityCare is leading on a workforce strategy that has been developed. CityCare and NEMS have developed an urgent care training partnership and are current reviewing different models of recruitment, for example, fellowships.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Clinical hub to take 30% of all calls by 2017.</li> <li>• Partnership for the Integrated Urgent Care service is currently between NEMS and CityCare however there is potential for primary care to be on board to ensure we work together as one healthcare team.</li> </ul> <p>The Governing Body:</p> <p>Approved the partnership agreement and plans for the Vanguard funding. Acknowledged the work to date and the challenges ahead. Acknowledged the position as outlined by Nottingham University Hospitals NHS Trust in the letter to Dr Guy Mansford.</p>	
GB 16/088	<p><b>Sustainability and Transformation Plan (STP)</b></p> <p>SW confirmed that The Sustainability and Transformation plan (STP) was successfully submitted by 30<sup>th</sup> June 2016 and includes four high impact areas; prevention and promoting independence, primary and community care, urgent and emergency care and technology enabled care.</p> <p>Three gaps have been highlighted within the STP which includes health and wellbeing, care quality and finance. It was noted that culture and mind sets must change in order for the STP to be successfully implemented and adhered to, moving away from organisational boundaries. A key supporting element locally will be the merger of Sherwood Forest Hospitals NHS Foundation Trust with Nottingham University Hospitals NHS Trust.</p> <p>A presentation of the STP to NHS England will take place on Friday 22<sup>nd</sup> July. SW is presenting alongside David Pearson and Amanda Sullivan. Presentations will include Mid Nottinghamshire and Greater Nottingham Health and Care Partners plans.</p> <p>The hard work and commitment given by NNE CCG team was acknowledged by the Governing Body. It was noted that investment in staffing and infrastructure would be required in order for the health and social care community to deliver the STP.</p> <p>The Governing Body:</p> <p><b>Acknowledged</b> progress on the Sustainability and Transformation plan.</p>	
<b>FINANCE AND PERFORMANCE</b>		
GB 16/089	<p>Finance Update</p> <ul style="list-style-type: none"> <li>• Finance Position</li> <li>• Activity Report Month 3</li> </ul> <p>JB presented the activity report and financial position and summarised the performance against QIPP. The month</p>	

	<p>three summary highlighted the delivery of duties by the CCG, the emerging level of risk across all areas (acute and continuing healthcare) and the challenging financial position. Activity data is being reviewed for discrepancies in relation to specialised commissioning. The budget for Sherwood Forest Hospitals NHS Foundation Trust currently has a small underspend of £135,000 at month three. Key messages on areas where we are not achieving have been reported to NHS England. It was noted that we are currently off plan with a slight deterioration.</p> <p>The Governing Body:</p> <p><b>Acknowledged</b> the current financial position.</p>	
GB 16/090	<p><b>Performance Report – July 2016</b></p> <p>Andy Hall (AH) presented the performance report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Nottingham University Hospitals NHS Trust, Emergency Department (ED) performance continues to be poor with the target of 95% not being achieved for four hour waits. Longer term strategies have been put into place to support. AH provided the Governing Body confirmed that there are lots of high level activity and discussions taking place. There are still issues around workforce availability and patient flow. The emergency department consultants formally reported to the board regarding the issues with patient experience, the flow and capacity through the doors of ED and their anticipation that staff are going to leave and sickness levels will increase. NB and RS are working with Nottingham University Hospitals NHS Trust to undertake a risk assessment of staff and patients in ED and what the current ward capacity in order to provide reassurance. Frailty services will be revisited with the system resilience monies.</li> <li>• There has been an improvement in cancer performance over the past few months with breast cancer being above the 93% target for two week waits in NNE.</li> <li>• Nottingham University Hospital’s organisational performance for cancer is below target but this could improve with the merger. Recovery trajectory has been agreed with Nottingham University Hospitals NHS Trust for 62 day urgent RTT for 82% achieved by end of June and 85% by end of July. Current position is around 80% so further work is to be undertaken to recover performance and this remains a risk.</li> <li>• It was noted that East Midlands Ambulance Service performance remains below target with Red 1 and Red 2 performance remains below standard for the 8</li> </ul>	

	<p>and 19 minutes targets.</p> <ul style="list-style-type: none"> <li>• Patient waiting times for elective services remain good and ahead of the North Midlands target due to the continued work of all providers.</li> </ul> <p>The Governing Body:</p> <p><b>Acknowledged</b> the performance report.</p>	
<b>QUALITY</b>		
GB 16/091	<p><b>Safeguarding Annual Report</b></p> <p>RS presented the safeguarding annual report which had been considered previously at the Safeguarding Committee meeting held on 12<sup>th</sup> July. The report is being presented to the Governing Body for information and to provide assurance. The report discusses key areas of priority, summary of achievements, activity undertaken and highlighted recommendations.</p> <p>It was noted that there is one outstanding policy relating to disclosure and barring services that is to be ratified at the next safeguarding committee meeting. All actions in appendix 1 of the report had been completed.</p> <p>The Governing Body:</p> <p><b>Acknowledged</b> the safeguarding annual report.</p>	
GB 16/092	<p><b>Patient Story End of Life</b></p> <p>RS shared the patient story, taken from the perspective of the patient's niece who talks about her aunt's end of life care and treatment. The story highlights the frustrations and anxiety the family member encountered over a four week period when trying to navigate numerous processes.</p> <p>Although the patient passed away at her preferred place of death, the story raised some key issues that RS discussed with the Governing Body as well as highlighting recommendations to take as a result of this story. Some of the concerns raised highlighted lack of joined up working and poor leadership of her care in the last four weeks with no good end of life pathway due to episodes of pain and bereavement aftercare for her family.</p> <p>The Governing Body passed on their sincere thanks to the family for taking the time and having the courage to share their experiences during their relatives last few days.</p> <p>The Governing Body:</p> <p><b>Acknowledged</b> the patient story.</p>	
<b>GOVERNANCE</b>		
GB 16/093	<b>a) Audit &amp; Governance Committee 25<sup>th</sup> May 2016</b>	

	<p>JB provided the Governing Body with an update from the Audit and Governance Committee and confirmed that the meeting in May approved the annual accounts and report on behalf of the Governing Body.</p> <p><b>b) Auditor Panel Minutes 24<sup>th</sup> May 2016</b></p> <p>JB provided the Governing Body with an update from the Auditor Panel Meeting. JB advised that we need to procure a new external auditor from 2017 – 2018 across the South CCG's. NNE will be leading this process.</p> <p>HB confirmed that the CCG are using the national terms of reference for the Auditor Panel.</p> <p>The Governing Body:</p> <p><b>Acknowledged</b> the minutes of the Audit and Governance Committee and the Auditor Panel and <b>approved</b> the terms of reference on the basis that they were as suggested nationally.</p>	
GB 16/094	<p><b>IGM&amp;T Committee Terms of Reference and Annual Report</b></p> <p>AH briefly discussed the annual report and highlighted that the terms of reference had been discussed at the IGM&amp;T committee and have asked for the governing body to approve. No significant changes had been made to the terms of reference however it was stated that the meetings will be on a quarterly basis and more emphasis is required to ensure that members routinely attend.</p> <p>The Governing Body:</p> <p><b>Approved</b> the terms of reference and Acknowledged the annual report.</p>	
GB 16/095	<p><b>a) Remuneration Committee Terms of Reference</b></p> <p>HB discussed the Remuneration Committee terms of reference and highlighted that no changes had been made however, it was noted that we will be recruiting a third lay member and therefore they will need to be added to the membership once appointed.</p> <p>The Governing Body <b>approved</b> the terms of reference.</p> <p><b>b) Finance and Information Group Terms of Reference</b></p> <p>HB discussed the Finance and Information Group terms of reference and highlighted that changes had been made to the membership and the number of deputies to ensure the meeting remains quorate.</p> <p>The Governing Body <b>approved</b> the terms of reference.</p>	



GB 16/096

### **Improvement and Assessment Framework**

HB provided a presentation to the Governing Body which highlighted how the CCG is being assessed and assured by NHS England. A new framework is developed each year to assure NHS England that we are performing and has four sections to the summary to include; 1) better health, 2) better care, 3) leadership, 4) sustainability. There are 60 indicators in 29 areas within the four domains.

HB highlighted that each of the four sections focus on the following key points:

- Better Health – looks at how the CCG contributes to the population and ‘bending the demand curve’.
- Better Care – focuses on service redesign.
- Sustainability – focuses on financial balance and value for money.
- Leadership – focuses on the quality of the CCG’s plans, the governance arrangements and how we work with partners.

As part of the framework, the CCG will receive an OFSTED style rating from ‘outstanding’, ‘good’ or ‘requires improvement’.

The framework focuses on six clinical priorities including mental health, dementia, learning disabilities, cancer, maternity and diabetes.

HB raised the question to the Governing Body regarding how they would like to receive assurance against the six clinical areas and if a named clinical lead should be appointed to each of them. HB advised that the results of the assessment forms part of an indicator summary that will be published on My NHS – this is part of NHS choices and will allow us to look into each clinical priority. A report will also be provided to the CCG. SW has monthly one to ones with NHS England as part of this process with the agenda focusing on each element of the framework.

HB asked the Governing Body how they wish to receive information from the framework to which it was agreed that the information will be disseminated by the Outcomes and Information Team.

The Governing Body:

**Acknowledged** the improvement and assessment framework.

GB 16/097	<p><b>Emergency Preparedness Resilience and Response (EPRR)</b></p> <p>HB provided the Governing Body with an update on EPRR and informed that CCGs are due to undertake the provider EPRR assurance visits in September / October 2016. NHS England will support the CCG in the assurance visits. It is the responsibility of the CCG to undertake the assurance visits to ensure providers are performing on their core standards set out within their contracts to which the CCG must then feedback the findings to NHS England. HB asked the Governing Body to approve the self-assessment against the core standards.</p> <p>HB informed the team that EPRR is separated into roles and categories to which HB advised that CCGs are category 2 responders and as such, the CCGs main activity would be in relation to recovery after an incident has occurred rather than providing the initial operational response. Depending on the incident CCGs could be involved in tactical and strategic command centres. Vicky Bailey, Chief Officer NHS Rushcliffe and NHS Nottingham West CCGs leads on EPRR for the South CCG's with Hazel Buchanan and Gareth Jones taking on the Operational Leads.</p> <p>HB stated that the core standards remain the same as 2015/16 however for 2016/17 there is a focus on business continuity plans.</p> <p>The Governing Body:</p> <p>Approved the self-assessment against the core standards and acknowledged the supporting information.</p>	
<b>ENGAGEMENT AND INCLUSION</b>		
GB 16/098	<p><b>Peoples Council Update</b>  <b>a) Minutes from 24<sup>th</sup> May 2016</b></p> <p>JC provided an update following the Peoples Council meetings in May and June. JC outlined that in reviewing the terms of reference, it was felt by the Peoples Council along with the officers of the CCG that further consideration needs to be taken to ensure that the meetings are fulfilling the responsibilities of the committee. JC proposed to the Governing Body that a process is carried out to consider how to restructure and refocus the Peoples Council. JC confirmed that she has had discussions with other CCGs in order to consider potential ways forward. JC will present to the People's Council the option to restructure and refocus.</p> <p>The Governing Body:</p> <p><b>Approved</b> a review of the structure and how to refocus the People's Council in line with the terms of reference.</p>	

<b>DOCUMENTS</b>		
GB 16/099	<p><b>Minutes</b></p> <p>a) Nottinghamshire Safeguarding Children's Board Minutes and Highlight Report 01<sup>ST</sup> June 2016</p> <p>b) Draft IGM&amp;T Minutes 18<sup>th</sup> March 2016 &amp; Highlight Report March and May 2016</p> <p>c) Clinical Cabinet 18<sup>th</sup> May 2016</p> <p>d) Finance &amp; Information Group 24<sup>th</sup> May 2016</p> <p>e) Safeguarding Committee Minutes 07<sup>th</sup> March 2016 and Highlight Report 24<sup>th</sup> May 2016</p> <p>f) Primary Care Commissioning Committee 02<sup>nd</sup> June 2016</p> <p>RS discussed the minutes and highlighted that a discussion took place at the Nottinghamshire Safeguarding Children's Board in relation to engagement from health partners in on child sex abuse referrals. It was recognised that health partners are not be asked to contribute to these referrals and work is on-going to resolve this.</p> <p>The Governing Body <b>acknowledged</b> the minutes and subsequent highlight reports.</p>	
GB 16/100	<p><b>Reports</b></p> <p>a) HWB Summary June 2016</p> <p>b) NNE Risk Assurance Framework</p> <p>c) Research County CCG's Quarter 4</p> <p>d) Nottinghamshire County Council Children and Young People's plan</p> <p>e) Connected Nottinghamshire E-Bulletin</p> <p>No further comments were made in relation to the reports.</p> <p>The Governing Body <b>acknowledged</b> the reports.</p>	
<b>CLOSING ITEMS</b>		
GB 16/101	<p><b>Have the Public Questions Been Answered</b></p> <p>No questions were raised.</p>	
GB 16/102	<p><b>Any other business</b></p> <p>Nothing to report.</p>	
	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>20<sup>th</sup> September 2016 – 13:30 – 17:00 Committee Room, Civic Centre, Arnot Hill Park, Nottingham</p> <p><b>SIGNED:</b> ..... (Chair)</p> <p><b>DATE:</b> .....</p>	

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