

Governing Body

Chief Officer and Chair's Report

1. Infection prevention and control: Sepsis and tackling Gram-negative bloodstream infections – one year on event- Tuesday 14 November 2017

On 29 September 2017, Ruth May, Executive Director of Nursing, NHS Improvement, Deputy CNO & National Director for Infection Prevention and Control and Professor Paul Cosford, Director for Health Protection, Medical Director, Public Health England wrote to CCG Accountable Officers inviting them and key individuals in the organisation to attend ***'Infection prevention and control: Sepsis and tackling Gram-negative bloodstream infections – one year on event'***.

The all day event will take place on Tuesday 14 November, in London, and will focus on: □

- sharing good practice and innovation in reducing bloodstream infections
- contributing to the development of robust plans for 2018
- championing the changes necessary to deliver improvements in infection prevention and control and sepsis care across the healthcare system.

This event takes place one year on from the initial launch with the Secretary of State – where he spoke of interventions to improve infection prevention and control to address the government's ambition to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021.

Nichola Bramhall, Director of Nursing and Quality will be attending to represent the Greater Nottingham CCGs and Sally Bird, Community Infection Prevention and Control Matron will be attending to represent the five Nottinghamshire County CCGs. The letter including event registration details has also been shared with Clinical Leads who may wish to attend.

2. Nottingham University Hospitals NHS Trust Digitised Health Records

There has been a recent article in the Health Services Journal due to concerns raised on patient safety by a consultant at NUH. The following is a response from NUH in relation to the concerns raised.

Dr Keith Girling, NUH Medical director, said: "Digitised Health Records (DHR) is an important part of our journey to becoming a digital (paperless) hospital by 2021. While teething problems are to be expected when introducing new and complex systems such as DHR across a whole hospital, its roll-out has caused much more disruption to patients, clinicians and services than we had anticipated. Some features are an improvement on paper records, including instant access to records for urgent and emergency care, but there are several impactful weaknesses which are causing consultant colleagues very significant inconvenience and frustration. It is clear that the current product does not meet the needs of consultants and is adding to the time and complexity of patient reviews. Related ICT products that work alongside this system are mitigating patient safety risks. Monthly updates

on DHR and progress will be received by the Trust's Quality Assurance Committee from October. The full NUH Board was updated at its September meeting and has requested an intimate understanding of DHR and next steps. We have invited clinicians to share their concerns and feedback via a series of drop-in sessions or a survey to better understand what we need to change with the system. We will be acting on this feedback to ensure that, with our suppliers, we can design a system that better meets clinical need and improves care and safety for our patients. The cost of introducing DHR over the last 2 years has been £5.8m on scanning; £2.7m on hardware/software and £5.9m on managed services and deployment."

3. Nottingham University Hospitals NHS Trust Leadership

Tracy Taylor will start in her role as Chief Executive the end of October.

A nurse by background with over 30 years' experience in the NHS, including 10 years at Chief Executive level; Tracy is currently Chief Executive of Birmingham Community Healthcare NHS Foundation Trust and Black Country Partnership NHS Foundation Trust and plays an active system leadership role within the sustainability and transformation plans for the Black Country, Birmingham and Solihull.

4. Joint Committee

We are now in a position to progress with the implementation of the Joint Committee and this will be led by Deborah Jaines with the support of the Lucy Branson, Hazel Buchanan and Lynne Sharp. A draft project plan has been written that covers all elements in relation to the Committee itself and the supporting structure. The project plan will be finalised w/c 9 October. The project areas include:

Joint Committee – defining functions, membership (deputies if required), voting and quoracy, terms of reference, secretariat support. This includes a recruitment process where required.
Governing Bodies – pre-delegation - ensuring that membership and statutory appointments are maintained including responsibilities to partnership boards and committee meetings.
Post-delegation – confirm reserved functions, agree frequency and secretariat support
Sub-Committees/Working Groups – establish sub-committee structure, agree membership, frequency, terms of reference, secretariat support
Individual CCG Governance – aligning arrangements for non-delegable committees and functions ie co-commissioning, audit committee, remuneration committee
Constitution – re-writing and gaining member practice and subsequently NHSE England approval
Governance documentation – aligning to new arrangements

There will be different stages to the development of proposals which will be brought to the Governing Bodies for sign off and presented to member practices for approval. The proposals will be developed further through a workshop with Lay Members and discussions with the Accountable Officer and Clinical Leads.

5. Winter Plans and Winter Indemnity Scheme 2017/18

The Local A&E Delivery Board have developed an overarching winter plan that focuses on the following:

- Demand and capacity plans

- Front door processes and primary care streaming
- Flow through the urgent and emergency care pathway
- Effective discharge processes
- Planning for peaks in demand over weekends and bank holidays
- Ensuring the adoption of best practice as set out in the NHS Improvement guide: Focus on Improving Patient Flow

Ongoing challenges for this winter include:

- System Demand vs Capacity
- Staffing (ED) - particularly medical staff
- Environmental constraints (overcrowding)
- Consistency of internal processes
- Delays stepping down medically fit patients

It is expected that there will be a national winter room for 2017/18.

Uptake of flu vaccinations will be monitored by the local A&E Delivery Board.

In recognition of the winter pressures faced by primary care services, NHS England will be undertaking a [Winter Indemnity Scheme](#), which will run from 1 October 2017 until 2 April 2018. This scheme will run with all medical defence unions.

6. **NHS Benchmarking Network audit of community mental health services**

NHS England has commissioned the NHS Benchmarking Network to undertake an [audit of adult community mental health services](#). These services form the backbone of mental health care and current service models need to be understood better. This includes services commissioned by CCGs, provided by primary and secondary care, the voluntary sector and local authority social care services. The audit also includes adult eating disorder services. Findings will inform national policy and workforce development. All CCG participants will receive bespoke reports to inform Sustainability and Transformation Partnerships (STP) level planning, amongst other uses. The audit will run until 17 November 2017.