

**Chair:**  
Dr James Hopkinson



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## Nottingham North and East Clinical Commissioning Group

### GOVERNING BODY MEETING Public Meeting Agenda

**10<sup>th</sup> October 2017, 13:30 to 15:30**  
Chappel Room, Gedling Civic Centre, Arnot Hill Park

\* Denotes Standing items

Agenda Ref	Item	Lead	BAF	Action
<b>13:30</b>				
<b>ADMINISTRATION</b>				
GB 17/152	*Welcome & Apologies for Absence	Chair		-
GB 17/153	*Declarations of interest for items on the agenda <ul style="list-style-type: none"> <li>• Management of any real or perceived conflicts of interest</li> </ul>	Chair		-
GB 17/154	*Questions from the Public relating to the Agenda	Chair		-
GB 17/155 Paper x 1	* Minutes of the meeting held on 19 <sup>th</sup> September 2017	Chair		Approve
GB 17/156 Paper x 1	*Matters arising and action log from the meeting held on 19 <sup>th</sup> September 2017	Chair		Acknowledge
GB 17/157 Attached	*Chief Officer and Chair's Report	Sam Walters/ James Hopkinson		Acknowledge
<b>13:45</b>				
<b>FINANCIAL STEWARDSHIP AND PERFORMANCE</b>				
GB 17/158 Verbal Attached	*Finance Update <ul style="list-style-type: none"> <li>a) Financial Position - Sept</li> <li>b) August Activity Report</li> </ul>	Jonathan Bemrose	R01 / 02	Approve
GB 17/159 Verbal	Greater Nottingham Financial Recovery Plan update	Jonathan Bemrose / Fiona Callaghan	R03	Approve
GB 17/160 Verbal	Finance and Information Group - 9 <sup>th</sup> October 2017	Terry Allen	R01 / 02	Approve
GB 17/161 Attached	Performance Report September 2017	Andy Hall	R06	Acknowledge
<b>14:35</b>				
<b>STRATEGY AND LEADERSHIP</b>				
GB 17/162 Tabled	Primary Care Commissioning Committee: <ul style="list-style-type: none"> <li>a) Highlight Report – 5<sup>th</sup> October 2017</li> </ul>	Mike Wilkins	R07	Acknowledge
GB 17/163 Attached	Urgent Care Quarterly Update	Nikki Pownall	R06	Acknowledge

**15:05  
CORPORATE GOVERNANCE**

GB 17/164 Attached	Lessons Learned from the Cyber Attack of 12 May 2017	Andy Hall		Acknowledge
GB 17/165 Attached	General Data Protection Regulations	Andy Hall		Acknowledge
GB 17/166 Tabled	Patient and Public Committee Highlight Report – Sept 17	Janet Champion		Acknowledge

**15:15  
DOCUMENTS**

GB 17/167	<b>*Minutes</b>			
	Ratified minutes that are present to Governing Body with highlighted reports presented to inform members of current developments			
	<b>Minutes Presented to the Governing Body</b>	<b>Last meeting</b>	<b>Received previously</b>	<b>On agenda</b>
	Clinical Cabinet	19/07/17		17/10/17
	Finance and Information Group	11/09/17		09/10/17
	Patient and Public Involvement Committee	12/09/17		14/11/17
	Audit and Governance Committee	24/05/17		18/10/17
	Primary Care Commissioning Committee	19/09/17		05/10/17
	Information Governance, Management and Technology Committee	22/09/17		15/12/17
	Quality and Risk Committee	10/09/17		09/11/17
	Safeguarding Committees	11/07/17		10/10/17
	<b>Partnerships Minutes Presented to the Governing Body</b>			
Health and Wellbeing Board	06/09/17		✓ 04/10/17	
GB 17/168	<b>Reports</b> a) Board Assurance Framework			

**CLOSING ITEMS**

GB 17/169	*Have the Public Questions been answered	Chair		-
GB 17/170	Risks identified during the course of the meeting	Chair		
GB 17/171	*Any Other Business	All		-

**CONFIDENTIAL MEETING MOTION**

The Governing Body will resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1 [2] Public Bodies [Admission to Meetings] Act 1960).

**Date of next meeting:**

21<sup>st</sup> November 2017 – 13:30 -16:30  
Chapel Room, Civic Centre, Arnot Hill Park, Nottingham

All attendees should be aware that Nottingham North & East Clinical Commissioning Group is legally required to comply with the Freedom of Information Act 2000. The minutes and papers from this meeting could be released as part of a request for information.

## **MEMBERS AND ATTENDEES ARE ASKED TO CONSIDER THE BELOW DEFINITION OF AN INTEREST WHEN DELCARING ANY POTENTIAL CONFLICTS OF INTERESTS**

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases it is important to still manage these perceived conflicts in order to maintain public trust.

Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of-hours commissioning and involvement with integrated care organisations, as clinical commissioners may here find themselves in a position of being at once commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

Interests can be captured in four different categories:

- i) **Financial interests** - this is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:
  - A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
  - A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
  - A management consultant for a provider. This could also include an individual being:
    - In secondary employment
    - In receipt of secondary income from a provider;
    - In receipt of a grant from a provider;
    - In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
    - In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
    - Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
- ii) **Non-financial professional interests** - this is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:
  - An advocate for a particular group of patients;
  - A GP with special interests e.g., in dermatology, acupuncture etc.
  - A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
  - An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);

- A medical researcher.

GPs and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.

iii) **Non-financial personal interests** - this is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;
- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure group with an interest in health.

iv) **Indirect interests** - this is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:

- Spouse / partner
- Close relative - parent, grandparent, child, grandchild or sibling
- Close friend
- Business partner - a declaration of interest for a “business partner” in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

The above categories and examples are not exhaustive and the CCG will exercise discretion on a case by case basis, having regard to the principles set out in the CCG’s Conflicts of Interest.