

**UNRATIFIED MINUTES**

**Nottingham North & East Clinical Commissioning Group Governing Body  
Meeting Held 10<sup>th</sup> October 2017 at Gedling Civic Centre**

**Present**

Dr James Hopkinson (JH)	Clinical Lead ( <i>Chair</i> )
Terry Allen (TA)	Lay Member – Financial Management & Audit
Jonathan Bemrose (JB)	Chief Finance Officer
Nichola Bramhall (NB)	Registered Nurse, Director of Nursing & Quality
Dr Ian Campbell (IC)	GP Representative
Janet Champion (JC)	Deputy Chair – Lay Member PPI
Dr Caitriona Kennedy (CK)	GP Representative
Dr Elaine Maddock (EM)	GP Representative
Dr Paramjit Panesar (PP)	Assistant Clinical Chair
Sharon Pickett (SP)	Deputy Chief Officer ( <i>deputising for Sam Walters</i> )
Dr Ben Teasdale (BT)	Secondary Care Consultant
Mike Wilkins (MW)	Lay Member Primary Care

**In Attendance**

Hazel Buchanan (HB)	Director of Operations
Andy Hall (AH)	Director of Outcomes & Information
Emma Pearson (EP)	Governance Manager ( <i>note taker</i> )
Nikki Pownall (NP)	Urgent Care Programme Director (for agenda item GB 17/163)

**Apologies**

Sam Walters (SW)	Interim Accountable Officer - Greater Nottingham
CCGs	

**Cumulative record of member's attendance 2017/18**

Name	Possible	Actual	Name	Possible	Actual
Terry Allen	5	4	Dr Elaine Maddock	5	3
Jonathan Bemrose	5	5	Dr Paramjit Panesar	5	4
Nichola Bramhall	5	5	Dr Ben Teasdale	5	4
Dr Ian Campbell	5	4	Sam Walters	5	4
Janet Champion	5	3	Mike Wilkins	5	3
Dr James Hopkinson	5	5			
Dr Caitriona Kennedy	5	5			

Agenda Items		Actions
GB 17/152	<p><b>Welcome &amp; Apologies</b></p> <p>James Hopkinson (JH) welcomed the Governing Body members to the meeting. Apologies were noted as above.</p>	
GB 17/153	<p><b>Declarations of Interest</b></p> <p>JH reminded Governing Body members of their obligation to declare any interests they may have on any issues arising at Governing Body meetings which might conflict with the business of NNE Clinical Commissioning Group.</p> <p>Declarations of the Governing Body are listed in the CCG's Register of Interests. JH confirmed that the Register was available either via the secretary to the Governing Body or the CCG website at the following link:</p> <p><a href="http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/">http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/</a></p>	
GB 17/154	<p><b>Questions from the Public Relating to the Agenda</b></p> <p>Emma Pearson (EP) confirmed that there had been no questions received by members of the public. There was one member of the public present.</p>	
GB 17/155	<p><b>Minutes of the Governing Body Meetings</b></p> <p>The minutes of the Governing Body meeting held on 19<sup>th</sup> September 2017 were presented for approval. The following amendments were agreed;</p> <p><b>17/135</b> Nicola Bramhall (NB) highlighted non-achievement of the two quality premium indicators for Continuing Healthcare and identified the actions that are being taken to improve these, including implementation of Discharge to Assess capacity and pathways.</p> <p><b>17/140</b> addition - The review provided assurance that services are available and provided rationale for the CCG decision not to commission bespoke IAPT services for this group.</p> <p><b>17/146</b> addition - Director of Nursing and Quality and the Quality Team.</p> <p>The Governing Body;</p> <p><b>Approved</b> the minutes of the Governing Body Meeting held on the 19<sup>th</sup> September 2017</p>	

<p>GB 17/156</p>	<p><b>Matters arising and actions from the meeting held on 19<sup>th</sup> September 2017</b></p> <p>The matters arising and action log were considered by the Governing Body.</p> <p>GB 17126: Andy Hall (AH) confirmed that he would review the Activity Profile for NNE with the CCG Business Analyst</p> <p>GB 17129: Hazel Buchanan (HB) confirmed that the increase in spend related to the service itself as opposed to the prescribing budget. The prescribing budget for continence is currently underspent. Nichola Bramhall (NB) confirmed that the contracting team were reviewing.</p> <p>GB 17144: HB confirmed that the Integrated Risk Management Framework has been updated.</p> <p>GB 17245: HB confirmed that a new risk has been added to the Governing Body Risk Assurance Framework in relation to transformation. The risk is “there is a risk that the urgent requirements to support financial recovery becomes the dominant force therefore impacting on decisions being made and a resultant failure to deliver transformational change” HB explained that the risk would be discussed at the Audit and Governance Committee and formally approved during the November Governing Body. HB confirmed that the scores had been updated as requested.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the matters arising and actions taken.</p>	<p><b>AH</b></p>
<p>GB 17/157</p>	<p><b>Chief Officer and Chair’s Report</b></p> <p>James Hopkinson (JH) presented the Chief Officer and Chair’s Report and highlighted the following points:</p> <p><b>Infection prevention and control: Sepsis and tackling Gram-negative bloodstream infections – one year on event – Tuesday 14<sup>th</sup> November 2017</b></p> <p>Tackling Sepsis had become increasingly more high profile in the media over the last 12 months.</p> <p>Nottingham University Hospitals NHS Trust (NUH) is recognised as being an exemplar in the management of Sepsis.</p> <p>NB will represent the Greater Nottingham CCGs and Sally Bird would represent the Nottinghamshire County CCGs at the event on the 14<sup>th</sup> November.</p> <p><b>NUH Digitised Health Record (DHR)</b></p> <p>Following an article in the Health Service Journal that featured</p>	

concerns raised by a Nottingham University Hospitals NHS Trust (NUH) consultant in relation to DHR impacting patient safety, a response has been issued by Dr Keith Girling, NUH Medical Director. The response recognised that the roll out of the DHR has impacted on patients, clinicians and services more than anticipated. Dr Girling explained that feedback was being collated to ensure that a system would be designed to meet the needs of services and improve patient safety.

### **Nottingham University Hospital NHS Trust Leadership**

Tracy Taylor will start her role as Chief Executive at the end of October. JH noted that Tracy was a nurse by background and was the Chief Executive of Birmingham Community Healthcare NHS foundation Trust and Black County Partnership NHS Foundation Trust.

### **Joint Committee**

JH confirmed that Sam Walters has been appointed as the Interim Accountable Officer for the Greater Nottingham CCGs and the implementation of the Joint Committee is being progressed. Deborah Jaines, with the support of the Governance Leads, is developing a project plan that will be finalised the week commencing the 9<sup>th</sup> October. A paper is being presented to Rushcliffe, Nottingham West and Nottingham City CCGs Governing Bodies during October however as the Governing Body for NNE CCG was early in the month the paper would be distributed to the Governing Body members by email with the opportunity to feed back.

In response to a concern raised by NB, HB explained that a shadow form of the Joint Committee may be in place by the end of the year however the Committee may not be fully operational and individual Governing Bodies would still be required to meet.

Mike Wilkins (MW) requested information on the governance structure to support the proposed changes. HB confirmed that the governance structure forms part of the work on the Joint Committee. MW also requested detail on the new staffing structure and HB confirmed that the Director level is currently out for consultation. MW expressed concerns on the effect the changes would have on the current employees as posts were likely to change. HB emphasised that posts would change during the process and the consultation with the Director level would be the first stage of the process.

### **Winter Plans and Winter Indemnity Scheme 2017/18**

The Local A&E Delivery Board had developed the Winter Plan. In recognition of the winter pressures faced by Primary Care services, NHS England will be undertaking a Winter Indemnity Scheme.

### **NHS Benchmarking Network Audit of Community Mental**

	<p><b>Health Services</b></p> <p>JH welcomed the announcement off an audit of the Adult Community Mental Health services which has been commissioned by NHS England. The audit will be undertaken by NHS Benchmarking Network.</p> <p><b>Acknowledged</b> the Chief Officer and Chair’s Report.</p>	
GB 17/163	<p><b>Urgent Care Quarterly Update</b></p> <p>JH welcomed Nikki Pownall (NP) to the Governing Body and introductions were made.</p> <p>NP presented the Urgent Care Quarterly Update and highlighted the following points;</p> <p>The paper detailed how Urgent Care had developed over the past two years and how it would continue to develop and improve in the future.</p> <p>The Urgent Care Vanguard in Greater Nottinghamshire has allowed for a 24 hour hub to be in place via NEMS. NP explained that going forward the aim is to move to 24 hour consultant led care in ED following an audit that highlighted that the majority of four hour breaches occurred during the night.</p> <p>NEMS at the front door of the Emergency Department (ED) has been a success and following the implementation of the new model, 22% of patients that attended ED between 8am and midnight were seen by NEMs which is an increase from 11% the previous year. The success of the service may have resulted in an increase in the number of people attending ED to see a GP.</p> <p>The work undertaken by the Urgent Care Team hoped to improve the ambulance turnaround time with an aim that 95% of ambulances met the target turnaround time. NP explained that transferring the care of a patient from an ambulance to an ED department was expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make the vehicle ready for the next call.</p> <p>There had been commitment of the acute hospitals role in meeting the four hour target in the ED Department and NP highlighted that it was positive to hear Caroline Shaw talk about the role NUH had in meeting the target.</p> <p>Improvements in the IT systems had seen the flow of patients within the hospital decrease by 15 minutes.</p> <p>NP explained that NUH had issues with staffing capacity and there was a 50% vacancy rate for middle level clinicians and there were 125 nursing vacancies in the ED team however by end of December it is expected that these will be filled. Organisational Development is being put in place to support staff</p>	

	<p>and make ED an attractive place to work. BT queried if the new recruits would be in post in December or would they still be within the recruitment process and NP confirmed that they would be in post.</p> <p>Paul McKay is taking on the lead for Discharge to Assess following Vicky Bailey's retirement. The aim of Discharge to Assess is to ensure that care packages were agreed in a setting outside of the hospital. During 2016/17 60% of Nottingham City patients had a delayed discharge due to delays in a social care package being put in place for patients that were medically fit.</p> <p>MW thanked NP for the update and noted that it was reassuring to receive a positive and detailed report on Urgent Care. MW queried the affect the Organisational Development had on the nursing and consultant staff in ED. NP explained that it had been very well received and included implementing a Golden Hour where each day teams discuss what has gone well, what could have gone better and analyse how the day had been managed at different levels. The Golden Hour has been very well received by the nursing staff.</p> <p>MW noted that the increased footfall at ED for NEMs may be due to patients believing that they can access primary care services easier at ED than via their GP. NP confirmed that primary care in ED is not widely advertised or promoted as patients should still register and go to their GP. Informal analysis has highlighted that the increase in patients accessing primary care via ED coincided with the extension of the tram lines. NP added that NUH have a 'NUH vision for tomorrow' program that detailed that the ED department was not fit for today's purpose, NP noted that the CCGs should be involved in the creation of any proposal to ensure it meets the future commissioning need.</p> <p>The Governing Body members queried when performance figures will be received following the implementation of Discharge to Assess. NP explained that the programme was in the operational phase however the first week had been very successful and more patients were discharged to the community than anticipated. A risk had been acknowledged in relation to the Nottingham City Local Authority budget for Social Care.</p> <p>HB asked for feedback on the presentation to the Health Scrutiny Committee during the morning and whether any concerns had been raised. NP confirmed that no concerns had been raised and the team had given a presentation on the Winter Plan which was well received. The Health Scrutiny Committee had given their thanks to the front line staff for their hard work.</p> <p>BT queried if there was a feedback mechanism in place to establish the number of patients that were triaged and sent to NEMS and later admitted to a ward. NP confirmed that the team were auditing the data to establish if patients were triaged appropriately.</p>	
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	<p>MW queried if the diagnostic equipment was available to NEMS, would A&amp;E attendances decrease, NP confirmed that NEMS referring for diagnostic tests is part of the next phase of development. BT noted that having diagnostic tools in NEMS may prove both positive and negative as diagnostic tests may be ran as part of routine assessments even though they may not always be necessary.</p> <p>JH thanked NP on behalf of the Governing Body for the quarterly update on Urgent Care.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Urgent Care Quarterly Update</p>	
<b>FINANCE AND PERFORMANCE</b>		
<p>GB 17/158</p>	<p><b>Finance Update</b></p> <p>Jonathan Bemrose (JB) gave a presentation on the financial position of the CCG for month 6 and highlighted the following points;</p> <p>JB confirmed that the usual finance report was not presented as the data was not available due to the Governing Body being earlier in the month.</p> <p>The CCG has used £3.283 million of reserves and were over spent against plan.</p> <p>The overspend against plan was seen across a number of areas including Acute, Mental Health and Continuing Health Care (CHC) services. Acute spend is £2.4m over plan.</p> <p>The prescribing budget is £285,000 over plan.</p> <p>Running costs are underspent by £166,000 however there is a risk that there will be costs incurred due to people leaving and consultants being employed to backfill or assist in short term programs of work.</p> <p>JB confirmed that there has been an overall deterioration of £700,000 in month 6.</p> <p>MW queried what would happen when the reserves were spent. JB confirmed that the CCG has reported that the control target will be met however a significant risk remained as there are a number of QIPP schemes which are planned for delivery in the last two quarters of the year.</p> <p>Terry Allen (TA) highlighted the Finance and Information Group discussions had discussed the achievements in relation to Continuing Healthcare as the CCG was spending less than the same period last year. TA also emphasised that there had been a dramatic reduction in the number of GP referrals to</p>	

	<p>outpatients' first attendances and overall activity impacted by GPs had improved on the same time last year.</p> <p>The Governing Body;</p> <ul style="list-style-type: none"> <li>• <b>Acknowledged</b> the financial position of the CCG for the reporting period.</li> <li>• <b>Acknowledged</b> the continued risks faced in delivering 2017/18 control total and QIPP savings.</li> </ul> <p><b>Activity Report</b></p> <p>JB presented the Activity Report for the period April – August 2017 and highlighted the following points;</p> <p>Fast Track data for outpatients' attendances from GP referrals had reduced by 9.4% however there has been an increase of 5% in outpatient follow up attendances. JH explained that this highlighted that the clinics were being filled and NUH had agreed to reduce attendances where appropriate across 16 specialities.</p> <p>In response to a query raised by TA on the monitoring of waiting times, AH highlighted that the waiting times for spinal surgery had risen due to the availability of theatres and ENT wait times had increased due to staffing capacity within the department.</p> <p>Day case admissions had increased by 3%.</p> <p>Elective admission with an overnight stay had decreased by 2.9%.</p> <p>JH explained that emergency admissions from GPs were showing an increase of 17% however these appeared to be driven from NEMs. The CCG is analysing the data and hoped to reflect the figures in the GP Practice Packs.</p> <p>JH stated that the work that was being undertaken by the CCG and within member practices was positive but there was a need to get the system to work in a more cohesive manner.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Activity Report for April – August 2017</p>	
GB 17/159	<p><b>2017/18 Greater Nottinghamshire Financial Recovery Plan update</b></p> <p>JB confirmed that detail on the Financial Recovery Plan would be discussed in detail during the confidential session and there was no further updates to provide following the financial update.</p>	
GB 17/160	<p><b>Finance and Information Group (FIG) – 9<sup>th</sup> October 2017</b></p> <p>TA confirmed that areas discussed on the finance report had</p>	



	<p>been considered in depth at the FIG. TA highlighted that also a discussion had taken place in relation to ongoing contract challenges that had identified successful recovery of £3 million discrepancy to date across the Greater Nottingham CCGs following a review of NUH coding.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the verbal update of the Finance and Information Group (FIG) – 9<sup>th</sup> October 2017.</p>	
GB 17/161	<p><b>Performance Report for October 2017</b></p> <p>AH presented the monthly Quality and Performance Report for October 2017 and the following points were highlighted;</p> <p>The report had been redesigned as a direct response following the Capability and Capacity review undertaken by Deloitte and feedback from Governing Body members.</p> <p>The report was split into sections;</p> <p>Section 1 focused on the indicators below standard that were reported to NHS England. AH noted that future reports would include a narrative.</p> <p>Section 2 focused on other indicators and was a shallow dive of areas that were not meeting the performance targets.</p> <p>A CCG lead has been included against the indicators, where assigned, and it was planned that as part of the CCG alignment a lead would be identified for all of the indicators.</p> <p>AH highlighted that progress against the A&amp;E remedial action plan trajectory was 82% against a target of 89%.</p> <p>The cancer 62 days GP urgent RTT performance was met for NNE however NUH had not met the performance target overall. AH explained that this was caused by the complexity of the pathway, capacity issues, late tertiary referrals and patient choice. The CCG had 6 patients waiting over 104 days from referral to treatment and the cases will receive a harm review.</p> <p>The target performance for Diagnostics – patients waiting longer than six weeks - was not met; this was due to the capacity of the MRI scanner at Circle.</p> <p>The standard for wheelchairs – children waiting less than 18 weeks for a wheelchair was not met. The standard was 92% and the CCG performance was 87%. NB highlighted that providing wheelchairs for children was very complex and required multiple appointments to ensure the chair fit appropriately to the child. AH stated that he hoped that the aligned management structure would include a lead for the wheelchair standard.</p>	

	<p>The standard of 3.5% for Delayed Transfers of Care hadn't been met in June and July.</p> <p>The new standards for Ambulance performance monitoring had been implemented. AH explained that there would be a period of learning in relation to the categorisation of emergency by the services. NB confirmed that not all providers were sharing early performance data and it was positive that EMAS had shared data.</p> <p>It was suggested that a Governing Body Development Session would be beneficial when the standard was established and data was available. PP commented that that Category 4 emergencies were performing better than Category 3 emergencies.</p> <p>The indicator for IAPT – entering treatment had not been met. AH explained that the CCG was in dialogue with NHS England around the increase in prevalence reported nationally. The reported increase for NNE CCG was far in excess of the national average increase. AH hoped to provide clarification on the agreed prevalence and the subsequent expected number of patients entering the service for the next meeting</p> <p>AH confirmed that Children and Young People Eating Disorder performance was not currently a standard but it would likely to become one in the near future. The actual figures from NHS England were not provided and the CCG was only informed if the target was not met.</p> <p>The Governing Body members thanked AH for the performance report and praised the new format, noting that the information was very digestible and easy to read.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the performance update.</p>	<p>AH</p> <p>AH</p>
GB 17/162	<p><b>Primary Care Commissioning Committee Highlight Report 5<sup>th</sup> October 2017</b></p> <p>MW presented the Primary Care Commissioning Committee Highlight Report.</p> <p>MW confirmed that GP resilience funding had been received with £23k going to GP practices.</p> <p>Training on Care Navigation has been delivered and was well received.</p> <p>Seven day working was discussed in detail and support was given by the Primary Care Commissioning Committee for collaboration across GP practices.</p> <p>Confirmation was received that the action plan was being progressed for the GP Five Year Forward Plan.</p>	

	<p>The Committee agreed in principle to the merger of Apple Tree Medical Practice and the Ivy Medical Group.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> Primary Care Commissioning Committee Highlight Report 5<sup>th</sup> October 2017.</p>	
GB 17/164	<p><b>Lessons Learned from the cyber-attack of the 12<sup>th</sup> May</b></p> <p>AH presented the Lessons Learned from the cyber-attack of the 12<sup>th</sup> May and highlighted the following points;</p> <p>AH confirmed that NHS Digital has provided guidance on the level of detail that could be publically disclosed in order to maintain security. A full report and action plan is being presented and discussed in the Audit and Governance Committee.</p> <p>TA explained that he was now a member of the Information Governance Management Technology (IGMT) Committee and confirmed that three documents were reviewed in the confidential IGMT including an action plan. TA provided assurance that concerns had been raised with NHIS on the action plan as it did not include deadline dates, responsible officers or prioritisation of the identified actions.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> Lessons Learned from the cyber-attack of the 12<sup>th</sup> May.</p>	
GB 17/165	<p><b>General Data Protection Regulations</b></p> <p>AH presented the General Data Protection Regulations and highlighted the following points;</p> <p>The regulations come into force on the 25<sup>th</sup> May 2018. Organisations are obliged to demonstrate that they comply with the law. AH highlighted that there will be significantly increased penalties for any breach of the regulation.</p> <p>NHS Digital is due to publish a series of 12 guidance documents which will provide further detail on what needs to be implemented.</p> <p>AH advised that that CCG is preparing for the changes and this includes the production of an action plan, the appointment of a Data Protection Officer and a review of data flows and policies. AH explained the Data Protection Officer could form part of an existing Governance post where similar responsibilities were in place. AH confirmed that the SIRO, Hazel Buchanan will be responsible for the implementation of the regulations and the Greater Nottingham CCGs will be working jointly to implement.</p>	

	<p>The Governing Body;</p> <p><b>Acknowledged</b> the General Data Protection Regulations</p>	
GB 17/166	<p><b>Patient and Public Involvement Committee Highlight Report – September 2017</b></p> <p>Janet Champion (JC) presented the Patient and Public Involvement (PPI) Committee Highlight Report – September 2017 and the following points were highlighted;</p> <p>JC highlighted that an improved and constructive level of debate had been noted.</p> <p>A detailed discussion took place on the Greater Nottingham CCG alignment including how this impacts on patient and public involvement and how the CCGs will benefit from the combined approaches.</p> <p>The Committee approved the EQIA process. JH confirmed that concerns were raised in relation to the achievement of quoracy of the EQIA panel. NB explained that the panels only go ahead when required.</p> <p>A presentation on the Accountable Care System Communication and Engagement strategy was received and commented on by the Committee.</p> <p>An update on Patient Transport was received by the PPI Committee.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> Patient and Public Committee Highlight Report – September 2017</p>	
<b>DOCUMENTS</b>		
	<p><b>GB 17/167 Minutes</b></p> <p>The Governing Body reviewed the table that showed the dates of committee meetings and when minutes are presented to the Governing Body. JH invited members of the Governing Body to comment on the Health and Wellbeing Board Report, no further comments were made.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the minutes received.</p>	
	<p><b>GB 17/168 Reports</b></p> <p>JH invited members of the Governing Body to comment on the Governing Body Risk Assurance Framework in relation to discussions held in the meeting. JH acknowledged that the framework had been discussed in the</p>	

meeting in matters arising. No further comments were made.		
The Governing Body;		
<b>Acknowledged</b> the Governing Body Risk Assurance Framework		
<b>CLOSING ITEMS</b>		
GB 17/169	<b>Have The Public Questions Been Answered</b>	
	There were no questions raised by members of the public.	
GB 17/170	<b>Risk identified during the course of the meeting</b>	
	No new risks were identified during the course of the meeting.	
GB 17/171	<b>Any Other Business</b>	
	No other business was raised by Governing Body members.	
<b>Date, Time and Venue of Next Meeting</b>		
Chapel Room, Civic Centre, Arnot Hill Park, Nottingham		
21 <sup>st</sup> November 2017		
<b>Confidential Motion</b>		
Closed at 15:40		
The Chair invited the Governing Body to adopt the following resolution:		
<p>“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” (Utilising the powers within Section 1(2) Public Bodies (Admission to Meetings) Act 1960). The Governing Body so resolved and the remainder of the meeting was conducted in confidential session.</p>		