Chair:

Dr James Hopkinson

**Enquiries to:** 

Emma Pearson Governance Manager Tel: 0115 883 1743

Email:

Emma.pearson9@nhs.net

# Nottingham North and East Clinical Commissioning Group

# GOVERNING BODY MEETING Public Meeting Agenda

### 21<sup>st</sup> November 2017, 13:30 to 15:30 Chappell Room, Gedling Civic Centre, Arnot Hill Park

\* Denotes Standing items

Agenda	Item	Lead	BAF	Action
Ref		Load	DAI	Action
13:30	PATION			
ADMINISTE GB 17/172		Chair		
GB 17/172	*Welcome & Apologies for Absence	Chair		-
GB 17/173	*Declarations of interest for items on the agenda  • Management of any real or perceived conflicts of interest	Chair		-
GB 17/174	*Questions from the Public relating to the agenda	Chair		-
GB 17/175 Attached	* Minutes of the meeting held on 10 <sup>th</sup> October 2017	Chair		Approve
GB 17/176 Attached	*Matters arising and action log from the meeting held on 10 <sup>th</sup> October 2017	Chair		Acknowledge
GB 17/177 Attached	*Chief Officer and Chair's Report	Sam Walters/ James Hopkinson		Acknowledge
13:45 FINANCIAL	STEWARDSHIP AND PERFORMANCE	,		
GB 17/178 Verbal Attached	*Finance Update a) Financial Position – October b) Activity Report – April to September	Jonathan Bemrose	R01 / 02	Acknowledge
GB 17/179 Attached	Performance Report – November 2017	Andy Hall	R06	Approvel
GB 17/180 Verbal	Finance Information Group Hightlight Report 13.11.17	Terry Allen	R01 / 02	Acknowledge
14:15 QUALITY A	ND PATIENT SAFETY			
GB 17/181 Attached	Quarter 2 Quality Report	Nichola Bramhall	R04	Acknowledge
GB 17/182 Attached	Patient Story – Connect Community Musculosketal Service	Nichola Bramhall	R04	Acknowledge
GB 17/183 Attached	Nottinghamshire Safeguarding Childrens Board Annual Report 2016/17	Nichola Bramhall	R04	Acknowledge
GB 17/184 Attached	Nottinghamshire Safeguarding Childrens Board Highlight Report – 20/09/17	Nichola Bramhall	R04	Acknowledge
GB 17/185 Attached	Nottinghamshire Safeguarding Adults Board Highlight Report – 12/10/17	Nichola Bramhall	R04	Acknowledge

GB 17/186 Attached	Safeguarding Committees Highlight Report – 10 <sup>th</sup> October	Nichola Bramhall	R04	Acknowledge		
GB 17/187 Attached	Nottinghamshire Safeguarding Committee Terms of Reference	Nichola Bramhall	R04	Acknowledge		
GB 17/188 Attached	Nottinghamshire Safeguarding Policy	Nichola Bramhall	R04	Acknowledge		
GB 17/189 Attached	Serious Incident Annual Report 2016/17	Nichola Bramhall	R04	Approval		
14:40						
STRATEGY	AND LEADERSHIP					
GB 17/190 Attached	Children and Young People Local Transformation Plan	Hazel Buchanan	R10	Approval		
14:45 COMMUNICATION AND ENGAGEMENT						
GB 17/191 Verbal	Patient and Public Involvement Committee Highlight Report – 20/11/17	Janet Champion	R04 R05	Acknowledge		
14:50						
	TE GOVERNANCE					
GB 17/192 Verbal	Governing Body Risk Assurance Framework	Hazel Buchanan	All	Approval		
GB 17/193 Verbal	Information Governance Management Technology Highlight Report – September 2017	Andy Hall		Acknowledge		
GB 17/194	Clinical Cabinet Highlight Report – October 2017	James	R07	Acknowledge		
Verbal	Climical Cabinet Highlight Report Cotobol 2017	Hopkinson		0		

### DOCUMENTS GB 17/195

#### **Minutes**

Committee meeting minutes are included on the agenda when ratified. Where appropriate, a highlight report is provided in the interim. The table below provides the latest information.

Minutes Presented to the Governing Body	Status	Next meeting
Clinical Cabinet	Minutes from 17/07/17 Highlight Report from 17/10/17	22/11/17
Finance and Information Group	Minutes from 11/09/17 and 09/10/17 Verbal Highlight Report 13/11/17	12/12/17
Patient and Public Involvement Committee	Verbal Highlight Report 20/11/17	09/01/17
Audit and Governance Committee	Minutes from 24/05/17	17/01/17
Primary Care Commissioning Committee	Highlight Report received previously	07/12/17
Information Governance, Management and Technology Committee	Highlight Report 22/09/17	15/12/17
Nottinghamshire Safeguarding Committee	Minutes from 11/07/17 Highlight Report 10/10/17	10/10/17
Nottinghamshire Safeguarding Childrens Board	Minutes from 07/06/17 Highlight Report 20/09/17	06/12/17
Nottinghamshire Safeguarding Adults Board	Minutes from 13/07/17 Highlight Report 12/10/17	11/01/17
Nottinghamshire Health and Wellbeing Board	Summary from 04/10/17	06/12/17

15:15 CLOSING ITEMS					
GB 17/196	*Have the Public Questions been answered	Chair		ı	
GB 17/197	Risks identified during the course of the meeting	Chair			
GB 17/198	*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:

12<sup>th</sup> December 2017 – 13:30 -16:30

Chapell 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.