

**UNRATIFIED MINUTES**

**Nottingham North & East Clinical Commissioning Group Governing Body  
Meeting Held 18<sup>th</sup> July 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 Paramjit Panesar (PP)	Assistant Clinical Chair
Sam Walters (SW)	Chief Officer

**In Attendance**

Hazel Buchanan (HB)	Director of Operations
Maxine Bunn (MB)	Director of Contracting and Deputy Chief Officer NHS Nottingham West
Emma Pearson (EP)	Governance Manager ( <i>note taker</i> )

**Apologies**

Dr Elaine Maddock (EM)	GP Representative
Paul McKay (PM)	Service Director, Nottinghamshire County Council
Dr Ben Teasdale (BT)	Secondary Care Consultant
Mike Wilkins (MW)	Lay Member Primary Care

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

Name	Possible	Actual	Name	Possible	Actual
Terry Allen	3	2	Dr Elaine Maddock	3	2
Jonathan Bemrose	3	3	Paul McKay (observer)	3	0
Nichola Bramhall	3	3	Dr Paramjit Panesar	3	2
Dr Ian Campbell	3	3	Dr Ben Teasdale	3	2
Janet Champion	3	1	Sam Walters	3	3
Dr James Hopkinson	3	3	Mike Wilkins	3	2
Dr Caitriona Kennedy	3	3			

Agenda Items		Actions
GB 17/100	<p><b>Welcome &amp; Apologies</b></p> <p>James Hopkinson (JH) welcomed all to the meeting. Apologies were noted as above.</p>	
GB 17/101	<p><b>Declarations of Interest</b></p> <p>JH reminded Governing Body members of their obligation to declare any interest 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 noted 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> <p>Dr Caitriona Kennedy (CK) declared a potential conflict of interest in relation to agenda item GB 17/109. The interest related to her role as Clinical Director for Local Partnership, Nottingham Healthcare NHS Foundation Trust, which is included on the Conflict of Interest register. It was agreed that CK could remain in the Governing Body meeting and take part in any discussion due to the fact that no decisions were being made and there was no new information being provided to CK</p>	
GB 17/102	<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 were no members of the public present.</p>	
GB 17/103	<p><b>Minutes of the Governing Body Meetings</b></p> <p>The minutes of the Governing Body meeting held on 13<sup>th</sup> June 2017 were presented for approval. The following amendments were agreed;</p> <p>17/087: 'Sam Walters (SW) confirmed that Quality Impact Assessment had been completed in relation to the withdrawal of the <i>medical</i> capacity at Nottingham Urgent Care Centre'</p> <p>17/089: 'The Finance ledger was closed on <i>working</i> day 8'</p> <p>17/091: 'Nichola Bramhall (NB) explained that a <i>Quality</i> Summit was scheduled to take place in July and an update would be provided to members.'</p>	

	<p>The Governing Body;</p> <p><b>Approved</b> the minutes of the Governing Body Meeting held on the 13<sup>th</sup> June</p>	
GB 17/104	<p><b>Matters arising and actions from the meeting held on 13<sup>th</sup> June 2017</b></p> <p>The matters arising and action log were considered by the Governing Body.</p> <p>17/091: East Midlands Ambulance Service (EMAS) update on the Ambulance Response Programme.</p> <p>NB provided an update and highlighted the following points;</p> <p>The Quality Summit was positive but 'requires improvement' was awarded due to concerns raised in relation to performance.</p> <p>Significant work had been undertaken in relation to workforce planning, PDR training and recruitment.</p> <p>Areas for improvement included learning from lessons and subsequent implementation across the organisation.</p> <p>An audit of the Category Red One calls highlighted that many of the calls were inappropriately allocated and should not have been Category Red One.</p> <p>A demand and capacity review modelled activity against the anticipated standards and it was shown that approximately 7% of all activity would require a Category One 8 minute response.</p> <p>Communication had been distributed to GP practices.</p> <p>Dr Parm Panesar (PP) noted that chest pain would fall under a Category Two, 18 minute response and queried if this would increase the risk in relation to stroke and cardiac arrest. NB confirmed that the programme allows the ambulance service to respond in the most clinically appropriate and efficient manner, with all patients receiving a faster response than is currently achievable.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the matters arising and actions.</p>	
GB 17/105	<p><b>Chief Officer and Chair's Report</b></p> <p>Sam Walters (SW) presented the Chief Officer and Chair's report and highlighted the following points:</p> <p><b>New assessment of patient and public participation for CCGs</b></p>	

	<p>New statutory guidance was published for CCGs and NHS England on patient and public participation in commissioning health and care. NHS England will assess performance against 10 key actions via a desktop exercise using the CCG website and annual report. The guidance was discussed in the CCGs PPI Committee.</p> <p><b>Decision aids for CCGs</b></p> <p>NHS RightCare and the Patient Centred Care team have published updated versions of 28 patient decision aids.</p> <p><b>Survey of adults experience of their hospital stay published</b></p> <p>The results of the annual audit inpatient survey had been released by the Care Quality Commission. The survey was completed by 78,000 patients who had spent at least one night in hospital. The survey covered issues including dignity, staff communication, hospital cleanliness and food. Nottingham University Hospitals (NUH) was assessed as being 'about the same' when compared to other trusts. SW drew the attention of the Governing Body members to the scores for NUH and noted that the overall views of care and services was 5.6/ 10 however views in relation to the respect, care and dignity from staff were highly scored.</p> <p><b>Grenfell Tower</b></p> <p>Following on from the tragedy at Grenfell Towers, NHS commissioners and providers had taken steps to ensure that buildings are safe. A return had been submitted to the Department of Health and assurances were being sought where relevant. In Nottingham the Fire Service have taken a proactive action and brought together the public sector in order to discuss concerns and establish a coordinated approach.</p> <p>Terry Allen queried if the CCG had sighted the returns submitted by the providers and if there were any concerns locally in relation to cladding. NB confirmed that these risks would be discussed at quality scrutiny panels. Hazel Buchanan (HB) confirmed that the Nottinghamshire Trusts had been reviewed and any concerns were investigated further through the audit and deescalating through the process.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Chief Officer's Report.</p>	
<b>FINANCE AND PERFORMANCE</b>		
GB 17/106	<p><b>Finance Update</b></p> <p>Jonathan Bemrose (JB) presented the finance report for the period ending the 30<sup>th</sup> June 2017 and highlighted the following points;</p>	

	<p>The CCG continues to be green for year to date performance against Key Financial Duties however the forecasted position for the duty to achieve the control total' has been RAG rated as amber as there are significant risks including delivery of QIPP schemes, acute activity, Continuing Healthcare activity and price and prescribing costs.</p> <p>The forecast RAG rating for the Key Internal Financial Indicators are red in relation to;</p> <ul style="list-style-type: none"> <li>• QIPP – achievement of recurrent target</li> <li>• Achieve underlying surplus</li> <li>• Risk reserves and</li> <li>• Acute Contract – spend remains within budget</li> </ul> <p>There are pressures on acute, community, continuing health care and mental health which required the use of £575k reserves. The use of reserves funding has meant that there is a risk in delivering the control total.</p> <p>The achievement of the QIPP targets in the acute sector is a challenge due to the financial positions of those organisations.</p> <p>A summary of the financial position year to date was provided and JB highlighted the following points;</p> <ul style="list-style-type: none"> <li>• The CCG had used £575k of reserves</li> <li>• Acute activity is £471k over plan. JB highlighted that there is £450k of un-transacted QIPP at NUH and there were higher levels of elective and daycase activity at Circle.</li> <li>• Continuing Health Care (CHC) is £53k over plan, JB highlighted that this is an ongoing risk due to the impact on the Financial Recovery Plan. Prescribing is £108k under plan however JB emphasised that this figure should be taken with caution given the profiling and the number of working days in April 2017/18.</li> <li>• Mental Health is £83K over plan</li> <li>• Community services is £154k over plan</li> </ul> <p>JB noted that there was a risk due to the number of schemes that were delivering non recurrent savings.</p> <p>Year to date of the planned QIPP target of £12.4 million showed that £1.68 million had been delivered against a planned target of £1.81 million.</p> <p>JB emphasised that at this point in the year he was not able to</p>	
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	<p>confirm that the CCG were going to meet their financial duties.</p> <p>Other key areas, including running costs, better payment practice code, statement of financial position and cash, primary care co-commissioning and the Better Care fund, the CCG were forecasted to achieve their duties.</p> <p>JB explained that the Finance Report had been strengthened following the recommendations from the Capacity and Capability Review and subsequent reports would include a forecast column that would feature a range of the best and worst positions.</p> <p>JB drew the attention of the Governing Body members to appendix 2 of the report that highlighted the variance between 2016/17 and 2017/18 spend.</p> <p>JB drew the attention of the Governing Body members to appendix 4 of the report that outlined the risks and mitigations of the CCG financial plan.</p> <p>JH thanked JB for the Finance Report and invited questions and comments from the Governing Body members.</p> <p>JH commented that as it was early in the year the risk window was wide and as the year progressed this risk would decrease. JB confirmed that he would expect to see a reduction in risk and noted that some risk was expected recurrently but not all risks could be predicted.</p> <p>Janet Champion (JC) queried if JB had ever faced a financial challenge of this scale and asked if he was confident that the CCG would meet the financial challenge during 2017/18. JB confirmed that the £12 million QIPP challenge was the largest that the CCG had been required to deliver. The 2016/17 QIPP target was £8 million and unfortunately the CCG had not achieved that target which increased the financial pressure for 2017/18. The CCG and the PMO Team were working hard to achieve the QIPP target but the risk remained high.</p> <p>A programme of work was underway to investigate the acute tariff as the activity had reduced but spend had increased.</p> <p>Dr Paramjit Panesar (PP) noted that the CCG had used £575k of reserves and queried if this was an improvement on 2016/17. JB confirmed that it was an improvement on 2016/17 and noted that the CCG reserves for 2017/18 were significantly lower and there were high levels of risk as the QIPP return on schemes</p>	
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	<p>was mostly in quarter 3 and 4 of the year. The pace of QIPP delivery needed to increase to ensure that the target was achieved.</p> <p>It was noted that the tariff system was hindering success as it incentivised activity and the financial position of providers meant that activity was necessary.</p> <p>In response to a query raised by Terry Allen (TA) on the level of un-transacted QIPP, JB confirmed that the CCG was focusing on pathway redesign and progress had been made but it had been slow. SW noted that there were a number of schemes that were being progressed and providers required assurance of their success and to see capacity being released.</p> <p>TA noted that the strengthened Finance Report was very informative and easy to understand. JB thanked TA and asked members to send any suggestions for improvements on the report to him.</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 for the requirement of QIPP/FRP savings to be delivered.</li><li>• <b>Approved</b> the Finance Report for the reporting period.</li></ul> <p>JB presented the Activity Report for the period April – May 2017 and the following points were highlighted;</p> <p>The outpatient first attendances from GPs, e-referrals and other sources had decreased however the follow up attendances had increased by 0.2%.</p> <p>Fast track data for emergency admissions from NUH showed an increase of 7% which equated to an overspend of £260k.</p> <p>There is an overspend of £120k at Circle for elective care, £53k for day case and £13k for high cost drugs.</p> <p>NB highlighted that outliers for both high and low spend should be investigated to ensure that there were no quality or patient safety concerns. JH confirmed that a strategy was in place that enabled the CCG to take a focussed approach for outliers. JH noted that for some practices the numbers were small which increased the variation.</p>	
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	<p>PP highlighted that the Nottingham Care Navigation had seen positive results and queried if there was an intention to increase the operating hours. SW confirmed that it was being investigated as part of the Financial Recovery Plan however it was limited as other services do not operate after 5pm. PP confirmed that the absence of an alternative pathway after 5pm wasn't a concern, the focus should be about finding alternative plans that can be put in place to avoid hospital admission.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Activity Report for the period of April – May 2017</p>	
<p>GB 17/107</p>	<p><b>2017/18 Financial Recovery Plan</b></p> <p>JB presented the 2017/ 18 Financial Recovery Plan update and the following points were highlighted;</p> <p>The Financial Recovery Plan update paper would be received by the Governing Body at each meeting and would be for Greater Nottingham with an individual CCG focus.</p> <p>The total value of the Greater Nottingham Financial Recovery Plan is £56.7 million with a target of £44.6 million.</p> <p>JB drew the attention of the Governing Body members to the BRAG table that depicted the schemes broken down by Transactional, QIPP, Managing the Big and Balance Sheet Review.</p> <p>JB gave an overview of the mitigations in place for the schemes that were off track and confirmed that an update on the position of the mental health schemes would be provided for the next meeting.</p> <p>Figure 2 and 3 depicted the in-month savings and cumulative savings which highlighted that the financial plan was behind plan. JB noted that if the CCGs continued to deliver at the current rate it was forecast to deliver half of the required QIPP and reiterated that the pace of the programme would need to increase to ensure success.</p> <p>NHS England had requested that we move away from the BRAG planning reporting and begin to report on the delivery of the schemes. The target for the transition from planning to delivery is July 2017.</p> <p>The Financial Recovery progress is closely monitored by the Financial Recovery Group and the deliverables are updated by the Senior Responsible Officers (SRO) and discussed in the Financial Delivery Recovery Group.</p>	<p><b>JB</b></p>

	<p>NB queried if the Confirm and Challenge meetings with SROs had identified if there were opportunities that could be progressed earlier. JB confirmed that where schemes could be progressed earlier they would be however some schemes were dependent on contract notice times. SW noted that an exercise was taking place to look at the support structure for the schemes.</p> <p>The Governing Body;</p> <p><b>Supported</b> the Financial Recovery Plan.</p>	
GB 17/108	<p><b>Performance Update June 2017</b></p> <p>Andy Hall (AH) presented the Performance Report for June 2017 and the following points were highlighted;</p> <p>Feedback had been received following the Deloitte's Capability and Capacity review that had suggested that the report was too comprehensive for the Governing Body requirements. AH confirmed that a revised report would be presented to the August Governing Body.</p> <p>During May, the performance for the A&amp;E 4 hour standard was not met at 84% achievement.</p> <p>The cancer 2 week wait target had been met however the cancer 31d DTT and the 62d Urg RTT had not been met.</p> <p>There had been an improvement in the cancer appointment back log which would see an improvement to the underlying position. There had been an increased focus on the performance of the 62 day wait following a challenge made by Simon Castle, Assistant Director of Commissioning – Mental Health, Cancer &amp; Acute Contracting, NHS Nottingham City CCG.</p> <p>There has been continued scrutiny from NHS England and NHS Improvement in relation to the A&amp;E performance. SW confirmed that the A&amp;E Delivery Board had focused on patient flow to improve performance.</p> <p>AH drew the attention of the Governing Body members to page 10 of the report and noted that the majority of individual specialities had met the 18 week target with the exception of neurosurgery, cardiothoracic surgery and general medicine.</p> <p>AH highlighted that from May 2017 CCGs are required to report to Trusts via a letter the number of 62 Day Urgent RTT patients waiting 104 days or more AH confirmed that this has been done on behalf of all CCGs as at the end of April 2017 NUH had 25 patients waiting 104 days or more. NB confirmed that harm reviews would be undertaken for all patients that had waited more than 104 days.</p>	AH

	<p>SW noted that a service specification for the provision of Community Beds was being drafted that would support patient flow.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the performance update.</p>	
GB 17/109	<p><b>2016/17 Quarter 4 Contract Update</b></p> <p>Maxine Bunn (MB) presented the Contract Performance update for quarter 4 and highlighted the following points;</p> <p>NUH and Circle had gone over their planned activity.</p> <p>Nine Activity Query Notices had been served to NUH in relation to over performance in the contract. Four contract performance notices had been served in relation to the cancer service and the Emergency Department.</p> <p>MB confirmed that the Local Partnerships contract is a block contract and work was ongoing to improve the reporting of data.</p> <p>SW queried if the Contract Team could investigate the impact of the Service Review. MB confirmed that the team were investigating the data and highlighted the challenges.</p> <p>JH queried why the Circle over performance for NNE was much higher than neighbouring CCGs at 18%. MB confirmed that the team were investigating and an initial review indicated that the figure related to higher activity on referrals. SW queried if there was a reduction observed elsewhere and highlighted that the activity for NNE was double that of other neighbouring CCGs but the registered population were located the furthest away. MB confirmed that the Circle activity for NNE would be investigated.</p> <p>JH noted that activity had increased across all providers. AH highlighted that the increased activity was against the planned activity and not against the recorded activity for the previous year.</p> <p>MB confirmed that an audit of day case appointments had taken place and a rebate had been agreed.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> 2016/17 Quarter 4 Contract Update.</p>	
GB 17/110	<p><b>Home Based Care and Support Services</b></p> <p>The Chair deferred the home based care and support services item due to apologies received by Paul McKay.</p>	

GB 17/111	<p><b>Patient Story</b></p> <p>NB presented the patient story and the following points were highlighted;</p> <p>The patient story was not told from the perspective of one individual but provided information on the implementation of the Special Education Needs and Disability reforms.</p> <p>The reforms focused on the outcomes for children and young people.</p> <p>The Community Children and Young People's Service was established to provide an integrated community health service for children and young people with additional needs and disabilities. Following the implementation of the service there had been a Care Quality Commission and Ofsted inspection that highlighted many positive areas and areas that required improvement in relation to patient access to health and social care services.</p> <p>MB queried if it was possible to speak to patients to obtain a story following the NUH service review programme of work. NB confirmed that the team took a strategic approach to obtaining patient stories and would actively speak to patients.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the patient story.</p>	
GB 17/112	<p><b>Nottinghamshire Safeguarding Children Board Highlight Report From Meeting Held On The 7<sup>th</sup> June 2017</b></p> <p>NB presented the highlight report and confirmed that the future provision for the paediatric sexual abuse service had been agreed and this would now be a 12 hour service.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Nottinghamshire Safeguarding Children Board Highlight Report</p>	
GB 17/113	<p><b>Progress on Lessons Learnt from the Cyber Attack</b></p> <p>AH and Hazel Buchanan (HB) gave an overview of the lessons learnt following the cyber-attack on the 12<sup>th</sup> May and highlighted that the incident emphasised the need for plans and dedicated resource during the incident and as part of the recovery phase and robust communication is central to this.</p> <p>Feedback from staff was received and reviewed to assist with compiling lessons learnt</p> <p>AH confirmed that a draft report had been received from NHIS and further technical detail has been requested as part of the</p>	

	<p>final report</p> <p>A detailed discussion took place during the Information Governance, Management and Technology Committee (IGMT) which highlighted a need to revise the CCGs risk appetite in relation to what permissions are given to users in CCGs and in particular GP practices. AH confirmed that an update on the technical aspects of the cyber-attack would be provided at the next Governing Body.</p> <p>NB noted that technical investigation was being undertaken by NHIS and queried why an external body wasn't commissioned to undertake the investigation. NB questioned how the CCG would be assured that the investigation was thorough and independent. AH explained that NHIS would produce the technical report however he would sign it off and ensure that it was comprehensive and a true account.</p> <p>TA noted that the media focus was in relation to patches not being installed in a timely fashion and systems being unsupported and out of date.</p> <p>PP queried what the national approach was in relation to the lessons learnt and questioned if the CCG were implementing the learning. AH confirmed that there were investigations taking place across the country and the CCG would implement any learning. Lessons learnt have focused on the technical elements as well as in relation to Emergency Preparedness, Resilience and Response.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the progress on lessons learnt from the cyber-attack.</p>	<p><b>AH</b></p>
<p>GB 17/114</p>	<p><b>Information Governance, Management and Technology Committee (IGMT)</b></p> <p><b>a) Highlight Report for 24/03/2017 and 23/06/2017</b></p> <p>AH confirmed that there were no items to escalate to the Governing Body members and invited the members to ask questions, no questions were raised.</p> <p><b>b) Terms of Reference</b></p> <p>AH presented the terms of reference for the IGMT Committee and highlighted that amendments had been proposed to the membership, including patient representation and the responsibilities of the committee relating to data management.</p> <p><b>c) 2016/17 IGMT Annual Report</b></p> <p>AH presented the IGMT Annual Report and confirmed that the</p>	

	<p>report was on behalf of the 5 Nottinghamshire County CCGs.</p> <p>Attendance of IGMT committee members was good however staff changes in Mansfield and Ashfield and Newark and Sherwood CCGs had an impact and discussions were taking place to seek appropriate membership.</p> <p>TA queried if the NHIS Partnership was effective. AH confirmed that the membership for Mid Nottinghamshire was being reviewed and noted that he would be the representative for Nottingham City CCG. AH noted that there was a wider discussion taking place to investigate the risk share and gains.</p> <p>The Governing Body;</p> <p><b>Approved</b> the IGMT Terms of Reference and the Annual Report and <b>acknowledged</b> the highlight report for the IGMT committee.</p>	
GB 17/115	<p><b>Workforce Race Equality Standard (WRES)</b></p> <p>HB presented the WRES and highlight the following points;</p> <p>The WRES is completed annually and is a tool to measure improvements in the workforce with respect to black and minority ethnic (BME) staff.</p> <p>There would be a disability and sexuality equality standard introduced in the future.</p> <p>The data was collated from the staff survey, ESR and HR.</p> <p>The CCG was not required to fully apply the WRES as the workforce was too small for the WRES indicators to work properly or comply with the Data Protection Act. When the CCGs move to a shared management structure it would become more meaningful.</p> <p>Janet Champion (JC) queried if the CCG workforce was representative of its population through the recruitment and selection process. HB confirmed that the shortlisting process was anonymous and there was no evidence to suggest that the CCG had disadvantaged BME candidates following interviews however the CCG was so small it was difficult to confirm due to the low levels of recruitment.</p> <p>PP queried if the CCG could bench mark against other small organisations. HB confirmed that WRES is published but data would be limited.</p> <p>TA queried if the CCG had a responsibility to look at the submissions from the providers. NB confirmed that the WRES reports are reviewed as part of the Quality Scrutiny Panel</p> <p>The Governing Body;</p>	

	<b>Approved</b> the Workforce Race Equality Standard (WRES).	
GB 17/116	<p><b>Conflict of Interest (COI) Policy</b></p> <p>HB presented the COI policy and confirmed that the policy had been received by the Governing Body previously however changes to the guidance and recommendations made by internal audit had required amendments to be implemented.</p> <p>The amendments related to the following areas;</p> <p>The register of interest must be reviewed annually instead of every 6 months and the published register is to include the interests of decision making staff only.</p> <p>The gifts and hospitality section has been strengthened and includes further detail on what can and cannot be accepted.</p> <p>A new section has been included on New Care Models.</p> <p>HB confirmed that the COI policy would be communicated to teams.</p> <p>HB confirmed that the CCG were reviewing all HR policies as part of moving to Nottingham City CCG for the strategic HR function.</p> <p>HB confirmed that NHS England will be providing mandatory training in the Autumn which would be at three levels and dependent on responsibilities.</p> <p>TA noted that there had been some disquiet amongst Audit Chairs nationally regarding the level of prescription and frequency of revision of national COI Guidance.</p> <p>TA noted that the mandatory internal audit of the previous policy had identified areas that were not compliant with the guidance and queried if the CCG were assured that the guidance had been followed carefully. HB confirmed that the changes had been made and these have been confirmed with Internal Audit.</p> <p>JC noted that section 9.4 stated that the Lay Vice Chair of the Governing Body was the Chair of the Primary Care Commissioning Committee (PCCC) however the chair of the PCCC was not the Lay Vice Chair. HB confirmed that this would be changed to reflect the CCG's arrangements</p> <p>The Governing Body;</p> <p><b>Approved</b> the Conflicts of Interest policy subject to the change in section 9.4.</p>	<b>HB</b>
GB 17/123	<p><b>Audit and Governance Committee Annual Report</b></p> <p>TA presented the Audit and Governance Committee Annual Report and highlighted the following points;</p>	

	<p>The internal audits undertaken during 2016/17 had been awarded significant or full assurance.</p> <p>NB confirmed that the Patient Safety – Continuing Healthcare audit had now been completed and was awarded significant assurance.</p> <p>TA highlighted that External Audit had identified no issues or concerns and they had no adverse comment to include in their report in relation to Value for Money..</p> <p>TA confirmed that NNE CCG led the successful re-procurement for External Auditors for Nottinghamshire and Derbyshire. .</p> <p>The Governing Body;</p> <p><b>acknowledged</b> the Audit and Governance Committee Annual Report</p>	
GB 17/117	<p><b>Patient And Public Committee Highlight Report For The Meeting Held On The 11<sup>th</sup> July 2017</b></p> <p>JC presented the highlight report and confirmed that discussions had taken place around the GP Five Year Forward View, the CCG alignment and NHS England PPI Assurance. JC confirmed that there were no items to escalate to the Governing Body.</p> <p>JC noted that a request had been made by the Practice Patient Group Forum to change the name to the Patient Reference Group.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Patient and Public Committee Highlight Report for the meeting held on the 11<sup>th</sup> July 2017.</p>	
GB 17/118	<p><b>Clinical Cabinet Highlight Report From The Meeting Held On The 20<sup>th</sup> June 2017</b></p> <p>JH presented the highlight report and highlighted that a detailed discussion had taken place in relation to financial turnaround. A presentation on managing referrals had resulted in a focussed discussion on two week waits, variation in routine referrals to outpatient first attendances in all specialities and routine referrals to outpatient first attendance in Paediatrics.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Clinical Cabinet Highlight Report from the meeting held on the 20<sup>th</sup> June 2017.</p>	
<b>DOCUMENTS</b>		

GB 17/119	<p><b>Minutes and reports</b></p> <p>a) East Midlands Affiliated Commissioning Committee (EMACC) held on 07.04.2017  b) Finance &amp; Information Group minutes held on 09.05.2017  c) Board Assurance Framework July 2017  d) Patient and Public Involvement Minutes held on 09.05.2017  e) Information Governance Management and Technology Committee held on 24.03.17 and 23.06.17</p> <p>No further comments were made in relation to the minutes and reports.</p> <p>HB confirmed that no risk ratings had changed in the Board Assurance Framework but it had been strengthened in relation to the PMO and SRO arrangements for Financial Recovery. HB confirmed that the BAF will be discussed in more detail in the September meeting.  The Governing Body;</p> <p><b>Acknowledged</b> the minutes and reports.</p>	HB
GB 17/120	<p><b>Reports</b></p> <p>East Midlands Affiliated Commissioning Committee (EMACC) update from Chair</p> <p>No further comments were made in relation to the minutes and reports.</p>	
<b>CLOSING ITEMS</b>		
GB 17/121	<p><b>Have The Public Questions Been Answered</b></p> <p>There were no questions raised by members of the public</p>	
GB 17/122	<p><b>Any Other Business</b></p> <p>No other business was raised by Governing Body members.</p>	
	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>Chapel Room, Civic Centre, Arnot Hill Park, Nottingham</p>	

	<p><b>Confidential Motion</b></p> <p>The Chair invited the Board to adopt the following resolution:</p> <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 Board so resolved and the remainder of the meeting was conducted in confidential session.</p>	
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Unratified