



**Nottingham North and East**  
Putting good health *into practice* **Clinical Commissioning Group**

**Public Minutes**

**Nottingham North & East Clinical Commissioning Group Governing Body  
Meeting Held 21<sup>st</sup> November 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 – Great Nottingham CCGs
Nichola Bramhall (NB)	Registered Nurse, Director of Nursing & Quality
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
Sam Walters (SW)	Accountable Officer - Greater Nottingham CCGs

**In Attendance**

Hazel Buchanan (HB)	Director of Operations
Andy Hall (AH)	Director of Outcomes & Information
Emma Pearson (EP)	Governance Manager ( <i>note taker</i> )

**Apologies**

Dr Ian Campbell (IC)	GP Representative
Paul McKay	Local Authority Representative
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	6	5	Dr Elaine Maddock	6	4
Jonathan Bemrose	6	6	Dr Paramjit Panesar	6	5
Nichola Bramhall	6	6	Dr Ben Teasdale	6	4
Dr Ian Campbell	6	4	Sam Walters	6	5
Janet Champion	6	4	Mike Wilkins	6	3
Dr James Hopkinson	6	6			
Dr Caitriona Kennedy	6	6			

Agenda Items		Actions
GB 17/172	<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 17/173	<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 17/174	<p><b>Questions from the Public Relating to the Agenda</b></p> <p>Emma Pearson (EP) confirmed that one question had been received by a member of the public.</p> <p>“Who had been appointed as the Greater Nottingham Chief Finance Officer?”</p> <p>JH confirmed that Jonathan Bemrose had been appointed as the Greater Nottingham Chief Finance Officer.</p> <p>There were two members of the public present.</p>	
GB 17/175	<p><b>Minutes of the Governing Body Meetings</b></p> <p>The minutes of the Governing Body meeting held on 10<sup>th</sup> October 2017 were presented for approval and agreed as a true and accurate representation of the meeting.</p> <p>The Governing Body;</p> <p><b>Approved</b> the minutes of the Governing Body Meeting held on the 10<sup>th</sup> October 2017</p>	
GB 17/176	<p><b>Matters arising and actions from the meeting held on 10<sup>th</sup> October 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 the Activity Profile for Nottingham North and East (NNE) was reviewed at the Finance</p>	

	<p>Information Group (FIG).</p> <p>GB 17161: AH confirmed that a Development Session on the New Ambulance Standard would be arranged when the data set was fully in use.</p> <p>GB 17161: AH explained that there had been a shift in the National Prevalence Indicator for IAPT. AH confirmed that the Outcomes and Performance Team were liaising with NHS England in order to ensure that the indicator value for Nottingham North and East was accurate, taking into consideration the changes in reporting.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the matters arising and actions taken.</p>	
GB 17/177	<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>Working Together to Safeguard Children</b> SW outlined proposals and confirmed that the CCG would respond to the public consultation in relation to the revision to the statutory guidance on child death review. SW requested that any comments are sent to Nichola Bramhall (NB). In response to the revised statutory guidance a joint stakeholder meeting had taken place to discuss the local provision and NB had been the CCG Representative.</p> <p><b>Joint Committee</b> Further work has been carried out on the overall governance structure for the joint committee and through the Governing Body meetings across the four CCGs it has been agreed that an independent non clinical chair would be appointed with recruitment taking place in January.</p> <p><b>Continuing Healthcare (CHC) Assurance</b> Feedback has been received from NHS England following the CHC assurance review across Nottinghamshire and the outcome was very positive with the CCGs being recognised as being an exemplar.</p> <p><b>Better Care Fund 2017-19</b> The Nottinghamshire County Better Care Fund has been approved allowing for the funding to be released and transferred into pooled funds under a section 75 agreement.</p> <p><b>Assurance over Christmas and New Year Holiday 2017/18 (including access to general practice appointments)</b> CCGs have been requested to provide assurance that there will be sufficient access to primary care services over the Christmas and New Year period.</p>	

	<p>There is an expectation that a performance target of 90% against the A&amp;E standard will be maintained.</p> <p><b>Introduction of The Spices Project</b>  The Spices project is a five year project investigating scalable public health interventions designed to address Cardio Vascular Disease prevalence and morbidity. Nottingham will be taking a lead on the health promotion, education and prevention work stream.</p> <p>The Governing Body</p> <p><b>Acknowledged</b> the Chief Officer and Chair's Report.</p>	
<b>FINANCE AND PERFORMANCE</b>		
GB 17/178	<p><b>Finance Update</b></p> <p>Jonathan Bemrose (JB) presented on the financial position of the CCG for the period ending the 31<sup>st</sup> October and highlighted the following points;</p> <p>The CCG has used £3.8m of reserves and were over spent against plan.</p> <p>Pressures have been seen in acute at £3.1m over plan, CHC £239k over plan and prescribing at £379k over plan was. JB highlighted that CHC has performed really well however a challenging QIPP target and a reduction in the spend allocation had resulted in an overspend. Hazel Buchanan (HB) stated that the Medicine Management Team have worked hard on the prescribing QIPP programme and the stretch QIPP target may have been achieved if the national issue of no cheaper stock available hadn't made a detrimental impact. Terry Allen (TA) confirmed that the FIG were monitoring the prescribing spend and the no cheaper stock alternative was a notional problem that had been escalated to NHS England.</p> <p>Running costs are underspent by £199,000 however this is a non-recurrent saving.</p> <p>Dr Paramjit Panesar (PP) queried if there will be the opportunity to increase the acute budget for 2018/19 taking into consideration increased spend over the winter period. JB explained that a triangulation meeting has taken place to discuss the alignment of the budgets where there is a £3m difference. Particular areas of focus are in relation to the stroke and pain specialties. Will also consider projected activity and QIPP savings. JH confirmed that a meeting has taken place with clinicians in relation to the stroke pathway. A facilitated session with Bailey and Moore is also scheduled.</p> <p>EM highlighted that some patients on the pain management pathway at Nottingham University Hospitals NHS Trust (NUH) were not being referred to Primary Integrated Community</p>	

	<p>Services and instead being directed back to the GP. EM noted that whilst it was frustrating for the patient it did ensure that they were being referred appropriately.</p> <p>JB emphasised that there has been an overall in month deterioration of £482k which can be attributed to an overspend on acute of £634k.</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> <li>• <b>Approved</b> the finance report for the reporting period.</li> </ul> <p><b>Activity Report</b></p> <p>JB presented the Activity Report for September 2017 and highlighted the following points;</p> <p>JB highlighted that the CCG had begun discussions with NUH in relation to managing the elective care admissions following a reduction in referrals made by GPs. NUH confirmed that the appointment slots were being utilised to reduce wait times where some specialities are seeing backlogs with wait times up to 40 weeks.</p> <p>JB stated that the CCG was consistently making progress in reducing the elective referrals. JH stated that he was very proud of the work undertaken by the practices to reduce referrals.</p> <p>JH explained that emergency admissions from GPs were static however there appeared to be variation amongst practices and an increase driven from NEMs.</p> <p>Caitriona Kennedy (CK) gave an update on the practice visits and highlighted that there was a lack of awareness on the system initiatives in place and confirmed that feedback from practices was that it was a challenge to implement all of the initiatives due to the quantity and competing pressures in the practices. EM stated that the CCG Medicines Management Team had been fantastic and had made a huge difference in how practices were prescribing.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Activity Report for April – September 2017</p>	
GB 17/179	<p><b>Finance Information Group Highlight Report 13.11.17</b></p> <p>TA confirmed that the Greater Nottingham Lay Members were working together to agree a common data set for financial recovery which will help to ensure clear and consistent reporting</p>	

	<p>through the CCG FIG and Joint Committee Structure. AH highlighted that NNE was mature in how it reports data due to having a focused data analyst in post and lay members that have pushed for the information.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Finance Information Group Highlight Report 13.11.17</p>	
GB 17/180	<p><b>Performance Report for November 2017</b></p> <p>AH presented the monthly Quality and Performance Report for November 2017 and the following points were highlighted;</p> <p>AH highlighted that progress against the A&amp;E remedial action plan was continuing with actions outlined in the performance report and improvement expected by March 2018. From November the performance figures will include the performance of urgent care centres including the urgent eye clinics. SW confirmed that there was a weekly A&amp;E Delivery Board and Tracy Taylor had challenged community providers on their performance. JH noted that the trajectory of total attendances was over 1000 less than the actual total attendances in October. PP queried what the actions were in the Remedial Action Plan (RAP) and if there was an opportunity for the Governing Body members to constructively input. AH confirmed that there was high level scrutiny both locally and nationally in relation to the performance of A&amp;E and both JH and SW were in attendance in meetings. SW emphasised that the RAP was focused on activity and not the culture or morale of the NUH workforce. AH confirmed that the Discharge to Assess programme had performed well with a higher number of patients being discharged than expected.</p> <p>AH highlighted that the Cancer 31 Days Decision To Treat target was not met for Circle in September. The Cancer 62 days GP Urgent Referral To Treatment (RTT) performance was met for NNE however NUH had not met the performance target overall. AH outlined the actions being taken to improve performance.</p> <p>The RTT Incomplete – 52 Week Waiters target was not met at NUH and Circle and AH confirmed that they were small numbers and each breach was managed on an individual basis.</p> <p>The Cancelled Operations – Not rebooked within 28 days was not met by NUH with a breach of 2 patients due to specialist staff being off ill.</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 90%.</p> <p>The new standards for ambulance performance monitoring had been implemented however the official performance data was</p>	

	<p>not yet available. AH explained that the average performance for category 1 and 2 was close to the standard however the 90<sup>th</sup> centile for Category 2, 3 and 4 was not currently being met. AH confirmed that there was focused work being undertaken to maximise the availability of ambulance crews. NB explained that the CCG was agreeing the new parameters for harm reviews with partners.</p> <p>Delayed Transfers of Care – as a percentage of occupied beds was 3.75% against a target of 3.5%. SW noted that the wording in the report would need to be change to reflect that the CCG had failed to meet the standard and not NUH.</p> <p>The indicator for IAPT – entering treatment had not been met. AH explained that the CCG was still in dialogue with NHS England around the increase in prevalence reported nationally.</p> <p>The Governing Body members welcomed the new format for the report.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the performance update.</p>	
GB 17/181	<p><b>Quarter 2 Quality Report</b></p> <p>NB presented the quarter two Quality Report and confirmed that the Quality Risk Committee had reviewed the report in detail and had escalated three items for the Governing Body.</p> <p>NB highlighted the Health Care Associated Infection position against limits and confirmed that the three south CCGs had exceeded the limits for <i>C.diff</i> and there had been one case of MRSA at NUH.</p> <p>NB confirmed that in relation to the Transforming Care Programme for Learning Disabilities, Nottinghamshire is one case over trajectory at the end of quarter two. NB confirmed that weekly reports on individual cases were received.</p> <p>NB highlighted that the Continuing Health Care quality premium target for out of hospital assessment has not been met. NB confirmed that it was improving and local trajectories of less than 60% had been achieved for September.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Quarter 2 Quality Report</p>	
GB 17/182	<p><b>Patient Story – Connect Community Musculoskeletal Service</b></p> <p>NB presented the patient story and highlighted that it provided a good overview of patient, staff and GP experiences of the implementation and performance of the service.</p>	

	<p>The story highlighted that the recommissioned service had a positive impact on patient outcomes and experience.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the patient story – Connect Community Musculoskeletal Service</p>	
GB 17/183	<p><b>Nottinghamshire Safeguarding Children’s Board Annual Report 2016/ 17</b></p> <p>NB presented the Nottinghamshire Safeguarding Children’s Board Annual Report and invited the Governing Body members to ask further questions.</p> <p>EM queried why the membership for the Nottinghamshire Safeguarding Children’s Board was changing. NB confirmed that a Woodland Review had highlighted that the membership was too large for the Board to be effective in making strategic change.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> Nottinghamshire Safeguarding Children’s Board Annual Report</p>	
GB 17/184	<p><b>Nottinghamshire Safeguarding Children’s Board Highlight Report</b></p> <p>NB presented the Nottinghamshire Safeguarding Children’s Board Highlight Report and invited the Governing Body members to ask further questions.</p> <p>There were no questions raised.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> Nottinghamshire Safeguarding Children’s Board Highlight Report</p>	
GB 17/185	<p><b>Nottinghamshire Safeguarding Adult’s Board Highlight Report</b></p> <p>NB presented the Nottinghamshire Safeguarding Adult’s Board Highlight Report and invited the Governing Body members to ask further questions.</p> <p>There were no questions raised.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> Nottinghamshire Safeguarding Adult’s Board Highlight Report</p>	

GB 17/186	<p><b>Nottinghamshire Safeguarding Committee Highlight Report 10.10.17</b></p> <p>NB presented the Safeguarding Committee Highlight Report outlining the following items to the Governing Body</p> <p>There continued to be staffing difficulties which had resulted in CCG staff providing cover for MASH and there was a risk that this may impact on CCG functions.</p> <p>In response to an incident in Mid-Notts, the Quality Team are scoping whether or not there is an issue in relation to care home staff's knowledge of residents' status' for Do Not Attempt Resuscitation following a delay in providing Cardiopulmonary Resuscitation.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Safeguarding Committee Highlight Report 10.10.17</p>	
GB 17/187	<p><b>Nottinghamshire Safeguarding Committee Terms of Reference</b></p> <p>NB confirmed that the Terms of Reference had been reviewed as part of their annual review and there had been no significant changes made. NB commented that consideration is being given on how to align with Nottingham City in the future.</p> <p>The Governing Body;</p> <p><b>Approved</b> the Safeguarding Committee Highlight Terms of Reference</p>	
GB 17/188	<p><b>Nottingham Safeguarding Policy</b></p> <p>NB confirmed that the policy had been updated and changes included the addition of the Safeguarding Supervision Strategy, Revision of the Safeguarding Training Strategy and updated the reference. The policy would be reviewed again in relation to the Greater Nottingham STP footprint.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Nottingham Safeguarding Policy</p>	
GB 17/189	<p><b>Serious Incident Annual Report</b></p> <p>NB presented the Serious Incident Annual Report and confirmed that the information is presented to the Governing Body quarterly however the annual report allowed for longer trends to be recognised.</p>	

	<p>NB thanked Liz Gundel and Becky Stone for their work in pulling together the Serious Incident Annual Report. The Governing Body recognised the work undertaken in relation to the management of Serious Incidents and thanked Liz and Becky for their hard work.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Serious Incident Annual Report</p>	
GB 17/191	<p><b>Children and Young People Local Transformation Plan</b></p> <p>HB presented the Children and Young People Local Transformation Plan and confirmed that the plan had been reviewed and had been given full assurance by NHS England. The Plan was publically available via the CCG website and sets out a range of actions to be taken to improve children's mental health.</p> <p>PP queried the level of scrutiny the plan had received, HB confirmed that NHS England had scrutinised the plan.</p> <p>CK noted that the general perception from GPs and patients was that the access to the CAMHS service was a challenge with referrals being rejected from the CAMHS service with the advice that the child should be seen by the Community Paediatric Team and vice versa. Patients that miss an appointment are automatically discharged but this was often due to the parents not bringing the child as opposed to the child not attending the appointment. HB confirmed that comments could be fed back.</p> <p>JH commented that children with an anxiety disorder have risen dramatically.</p> <p>SW noted that the CCG are under achieving on the contract with the CAMHS service. PP suggested that a deep dive on CAMHS was required and noted that prescribing queries were being sent back to GPs as the mental health practitioner was not able to prescribe. JB confirmed that previous recruitment drives have not been successful and the service had struggled to recruit.</p> <p>NB confirmed that she would follow up with the Contract Team and Nicole Chavaudra in relation to the deep dive and issues raised.</p> <p>The Governing Body;</p> <p><b>Approved</b> the Children and Young People Local Transformation Plan with a deep dive of CAMHS.</p>	<b>NB</b>
GB 17/191	<p><b>Patient and Public Involvement Committee Highlight Report 20.11.17</b></p>	

	<p>Janet Champion (JC) confirmed that the PPI Committee took place the previous day and included discussions on engagement around Medicines Management and extended GP access.</p> <p>JC confirmed that a detailed discussion took place on the Accountable Care System and commented that feedback received was in relation to the language used which was seen not to be public friendly; an example was 'system integrator'. JC noted that patients wanted to know the difference that the ACS will make to them as opposed to how the system will achieve it.</p> <p>A discussion was held on the Joint Committee structure in relation to PPI and possible solutions to how it could be managed as Greater Nottingham.</p> <p>HB confirmed that as part of CCG Improvement and Assessment Framework a desk top review on patient and public involvement had been undertaken by NHS England. The assessment was on nine different criteria and included a review of the CCG's website and Annual Report. The CCGs outcome was 'green'.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Patient and Public Involvement Committee Highlight Report 20.11.17</p>	
GB 17/192	<p><b>Governing Body Risk Assurance Framework</b></p> <p>HB presented the Governing Body Risk Assurance Framework and confirmed that there were actions to pick up from the Governing Body Development Session.</p> <p>Risk 10 was agreed at the Audit and Governance Committee in and reflects Risk 3 in terms of the long term vs the short term objectives of the CCG.</p> <p>TA noted that risk appetite is highlighted more at a micro level in relation to operational risk and not always at a macro level which is more difficult to quantify. HB confirmed that the management of risk at both a micro and macro level would be considered as part of the move to a Joint Committee, along with maintaining statutory responsibilities with Governing Bodies. Governing Body members highlighted that there may be differences in risk appetite and tolerance across CCGs.</p> <p>SW requested that Risk 10 was increased to 20 due to the current focus on performance targets which may impact on the pace of the ACS.</p> <p>The Governing Body confirmed that following discussions in relation to the agenda and mitigating actions, other risk ratings</p>	

	<p>remained relevant.</p> <p>The Governing Body;</p> <p><b>Approved</b> the Governing Body Risk Assurance Framework.</p>	
GB 17/193	<p><b>Information Governance Management Technology (IGMT) Highlight Report – September 2017</b></p> <p>AH presented the IGMT Highlight Report and confirmed that further work was required on the Bring Your Own Device policy.</p> <p>AH invited the Governing Body members to ask any questions, no further questions were raised.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Information Governance Management Technology (IGMT) Highlight Report – September 2017</p>	
GB 17/194	<p><b>Clinical Cabinet Highlight Report – October 2017</b></p> <p>JH presented the Clinical Cabinet Highlight Report and outlined that a detailed finance update was provided and an in-depth discussion amongst the GPs took place.</p> <p>A presentation by Stewart Newman on compression bandaging generated debate and highlighted an inconsistent provision of the service in NNE.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Clinical Cabinet Highlight Report – October 2017</p>	
<b>DOCUMENTS</b>		
GB 17/195	<p><b>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 ask questions or make comment on the minutes and the Health and Wellbeing Board Report, no further questions or comments were raised.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the minutes received.</p>	
<b>CLOSING ITEMS</b>		
GB 17/196	<b>Have The Public Questions Been Answered</b>	

	There were no questions raised by members of the public.	
GB 17/197	<b>Risk identified during the course of the meeting</b> No new risks were identified during the course of the meeting.	
GB 17/198	<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		
12 <sup>th</sup> December 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>		