

Chair:
Dr James Hopkinson



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Nottingham North and East Clinical Commissioning Group

GOVERNING BODY MEETING Public Meeting Agenda

20th March 2018, 13:30 to 15:30
Chappell Room, Gedling Civic Centre, Arnot Hill Park

* Denotes Standing items

| Agenda Ref | Item | Lead | BAF | Action |
|--|--|---------------------------------|----------|------------------------|
| 13:30 | | | | |
| ADMINISTRATION | | | | |
| GB 18028 | *Welcome & Apologies for Absence | Chair | | - |
| GB 18029 | *Declarations of interest for items on the agenda <ul style="list-style-type: none"> • Management of any real or perceived conflicts of interest | Chair | | - |
| GB 18030 | *Questions from the Public relating to the agenda | Chair | | - |
| GB 18031 Attached | * Minutes of the meeting held on 23 rd January 2018 | Chair | | Approve |
| GB 18032 | *Matters arising and action log from the meeting held on 23 rd January 2018 | Chair | | Acknowledge |
| GB 18033 Attached | *Accountable Officer and Chair's Report | Sam Walters/ James Hopkinson | | Acknowledge |
| 13:45 | | | | |
| FINANCIAL STEWARDSHIP AND PERFORMANCE | | | | |
| GB 18034 Attached Attached Attached Attached | *Finance Update <ul style="list-style-type: none"> a) Financial Position M11 b) Activity Report M10 c) 2018/19 Financial Plan and Opening Budgets d) 2018/19 Better Care Fund Plan | Jonathan Bemrose | R01 / 02 | Acknowledge |
| GB 18035 Verbal | Greater Nottingham Financial Recovery Plan | Jonathan Bemrose | R01 / 02 | Acknowledge |
| GB 18036 Attached | Performance Report | Andy Hall | R06 | Approval |
| GB 18037 Verbal Attached | Finance Information Group <ul style="list-style-type: none"> a) Highlight Report b) Terms of Reference | Terry Allen | R01 / 02 | Acknowledge / Approval |
| 14:45 | | | | |
| QUALITY AND PATIENT SAFETY | | | | |
| GB 18038 Attached | Quality Report 2017/18 Quarter 3 | Nichola Bramhall | R04 | Approval |
| GB 18039 Attached | Quality and Risk Committee 14/02/2018 Highlight Report | Nichola Bramhall | R04 | Acknowledge |

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|----------------------|--|---------------------|-----|-------------|
| GB 18040 Attached | Nottinghamshire Safeguarding Adults Board 11/01/2018 Highlight Report | Nichola Bramhall | R04 | Acknowledge |
|----------------------|--|---------------------|-----|-------------|

**15:05
STRATEGY AND LEADERSHIP**

| | | | | |
|--------------------|-------------------------|----------------|-----|-------------|
| GB 18041 Verbal | Update on CCG Alignment | Sam Walters | R08 | Acknowledge |
|--------------------|-------------------------|----------------|-----|-------------|

**15:15
CORPORATE GOVERNANCE**

| | | | | |
|-----------------------|------------------------------------|-------------------|--|----------|
| GB 18042a Attached | Business Continuity Plan | Sharon Pickett | | Approval |
| GB 18042b Attached | Integrated Governance Arrangements | Lucy Branson | | Approval |

**15:20
DOCUMENTS**

GB 18043
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 | Highlight Report received previously | 21/03/18 |
| Finance and Information Group | Minutes from 15/01/18 and 12/02/17 | 16/04/18 |
| Patient and Public Involvement Committee | Highlight Report received previously | 29/03/18 |
| Audit and Governance Committee | Highlight Report received previously | 29/03/18 |
| Primary Care Commissioning Committee | Highlight Report received previously | 05/04/18 |
| Information Governance, Management and Technology Committee | Highlight Report received previously | 23/03/18 |
| Quality and Risk Committee | Minutes from 09/11/17 | |
| Nottinghamshire Safeguarding Committee | Highlight Report received previously | 30/01/18 |
| Nottinghamshire Safeguarding Childrens Board | Highlight Report received previously | 14/03/18 |
| Nottinghamshire Safeguarding Adults Board | Minutes from 12/10/18 | 12/04/18 |
| Nottinghamshire Health and Wellbeing Board | Summary 10/01/18 | 07/03/18 |

GB 18044
Reports

| Reports Presented to the Governing Body |
|---|
| Clinical Research Network – Q3 Report |
| Risk Assurance Framework |

| 15:30 CLOSING ITEMS | | | | |
|---|---|-------|--|---|
| GB 18045 | *Have the Public Questions been answered | Chair | | - |
| GB 18046 | Risks identified during the course of the meeting | Chair | | |
| GB 18047 | *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: 17 th April 2018 Chappell 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.

