



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

**Minutes**

**Nottingham North & East Clinical Commissioning Group Governing Body**  
**Meeting Held 20<sup>th</sup> March 2018, 13:30 to 15:30**  
**Gedling Civic Centre**

**Present**

Dr James Hopkinson (JH)	Clinical Lead
Dr Paramjit Panesar (PP)	Assistant Clinical Chair
Terry Allen (TA)	Lay Member – Financial Management & Audit
Jonathan Bemrose (JB)	Chief Finance Officer – Great Nottingham CCGs
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
Nichola Bramhall (NB)	Chief Nurse and Director of Quality
Sam Walters (SW)	Accountable Officer - Greater Nottingham CCGs
Mike Wilkins (MW)	Lay Member Primary Care
Dr Ben Teasdale (BT)	Secondary Care Consultant

**In Attendance**

Emma Pearson (EP)	Governance Manager ( <i>note taker</i> )
Andy Hall	Director of Outcomes and Information
Sharon Pickett (SP)	Deputy Chief Officer

**Apologies**

Paul McKay	Local Authority Representative
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**Cumulative record of member's attendance 2017/18**

Name	Possible	Actual	Name	Possible	Actual
Terry Allen	7	6	Dr Elaine Maddock	7	5
Jonathan Bemrose	7	7	Dr Paramjit Panesar	7	6
Nichola Bramhall	7	7	Dr Ben Teasdale	7	4
Dr Ian Campbell	7	5	Sam Walters	7	6
Janet Champion	7	5	Mike Wilkins	7	3
Dr James Hopkinson	7	7			
Dr Caitriona Kennedy	7	7			

Agenda Items		Actions
GB 18/028	<p><b>Welcome &amp; Apologies</b></p> <p>Dr James Hopkinson (JH) welcomed the Governing Body members to the meeting. Apologies were noted as above.</p>	
GB 18/029	<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> <p>The meeting was declared quorate.</p>	
GB 18/030	<p><b>Questions from the Public Relating to the Agenda</b></p> <p>Emma Pearson (EP) confirmed that no questions had been received by members of the public.</p> <p>There was one member of the public present.</p>	
GB 18/031	<p><b>Minutes of the Governing Body Meeting held on the 23<sup>rd</sup> January 2018</b></p> <p>The minutes of the Governing Body meeting held on 23<sup>rd</sup> January 2018 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 23<sup>rd</sup> January 2018</p>	
GB 17/032	<p><b>Matters arising and actions from the meeting held on 32<sup>rd</sup> January 2018</b></p> <p>The matters arising and action log were considered by the Governing Body.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the matters arising and actions taken.</p>	

GB  
17/033

### **Accountable Officer and Chair's Report**

Sam Walters (SW) presented the Accountable Officer and Chairs Report.

### **Refreshing NHS Plans for 2018/19**

SW provided a brief over view of the plans for 2018/19 and highlighted the following points

An additional £354 million for property and estates had been allocated by the government however allocations have not been confirmed.

The national tariff would remain in place during 2018/19

The plan explained that commissioners and providers should work together to achieve the 95% target. Additional sustainability funding has been received and will be used to help improve the A&E performance.

The plan had a focus on integrated system working with the STPs becoming increasingly more visible.

Capital and estates has seen a commitment from the Government to provide an addition £354 million for property and estates investment, SW noted that allocations had not been confirmed.

National tariff is to remaining in place for the next 12 months.

Integrated System Care, there is expectation for STPs to take a prominent role in planning and managing system-wide improvements.

Winter demand and capacity, SW explained that there would be no additional funding during 2018/19 and plans for winter 2018/19 would need to be in place for April 2017.

### **Greater Nottingham Joint Commissioning Committee**

SW confirmed that the interviews for the fifth GP were taking place on 21<sup>st</sup> March.

### **Workforce Alignment Update**

SW confirmed that the workforce alignment was on going and the consultation was due to conclude on the 16<sup>th</sup> March.

### **BMA strategy on controlling GP workload**

SW drew the attention of Governing Body to appendix B of the report.

	<p><b>Joint Framework for the regulation of general practice</b></p> <p>A Joint Framework: commissioning and regulation has been developed by the CQC and NHS England to reduce duplication and workload.</p> <p>Dr Elaine Maddock (EM) highlighted that GP workload was becoming an increasing issue and queried if it was a national or local responsibility. JH explained that it wasn't clear yet however it was a mechanism to declare capacity status.</p> <p><b>Acknowledged</b> the Accountable Officer and Chair's Report.</p>	
<b>FINANCE AND PERFORMANCE</b>		
GB 18/034	<p><b>Finance Update</b></p> <p>Jonathan Bemrose (JB) presented the Finance Report and highlighted the following points;</p> <p>The key financial duties were forecasted to be met for 2017/18.</p> <p>The key financial indicators were forecasted red for the indicators relating to QIPP, the achievement of the underlying surplus and the acute contract spend within budget.</p> <p>The month 11 pressures were in relation to the acute over spend which was £5.6 over plan.</p> <p>The underlying position for the CCG was £5.2 million deficit.</p> <p>JB explained that NHS England had allocated additional funding of just under £2 million. JB confirmed that the additional funding was non recurrent and the CCG were not always aware of potential additional funds that maybe receive over the year and could not include additional funding in the financial plans.</p> <p>JB explained that the no cheaper stock problem faced by CCGs this year has been recognised by NHS England and confirmation has been received that additional funding will be provided to support the CCG. JB confirmed that the no cheaper stock problem was monitored and discussed in the FIG and the Financial Recovery Group.</p> <p>JH thanked JB for his presentation and invited members to ask any questions.</p> <p>Mike Wilkins (MW) queried if any further funding would be received before the year end, JB explained that he didn't believe any additional funding would be received but the required surplus may be less to help support CCGs.</p> <p>Terry Allen confirmed that during the previous FIG meeting it had been confirmed that a fixed target with NUH had been agreed. JB noted that the process had started earlier than in</p>	

	<p>previous years' which was a positive step.</p> <p>Dr Elaine Maddock (EM) highlighted that there was an underspend at The Ramsey and BMI and queried if it was a strategic plan, JB confirmed the reduction in spend was not strategically planned. MW noted that the reduction could be caused from patients being referred back to NHS from the private providers.</p> <p>Dr Parm Panesar (PP) noted that the overspend was due to the variance in relation to the actual activity against the planned activity for the year. JB confirmed that this was correct and it could be viewed as underestimation of activity however the variation was an over estimation of what the CCG can spend.</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><b>Activity Report M10</b></p> <p>JH presented the Activity Report for April 2017 to January 2018 and highlighted that the patterns were the same however a reduction in the elective appointments was expected following the temporary halt of appointments to accommodate the unprecedented winter pressure.</p> <p>EM confirmed that practice visits had taken place at the Calverton Practice and the focus was now on Whyburn Medical Practice and Torkard Hill Medical Care.</p> <p>Dr Caitriona Kennedy (CK) noted that the visit to Park House Medical Centre was cancelled but would be rearranged.</p> <p>EM highlighted that the readmission rates were very, JH explained that if a patient was admitted via Acute Medical Receiving Unit (AMRU) it was counted as an admission but patients go via A&amp;E and then onto AMRU before being admitted it was counted as a readmission, JH noted that the data was complicated.</p> <p>EM highlighted that the Outpatients radiology service was overspent and queried if this was being generated via Primary Care or outpatients? JH agreed to investigate.</p> <p>EM queried why the Stroke Rehabilitation was overspent by £718,630, SW explained that the CCG were double paying for the service during the transition to the Community and provided assurance that it was being addressed.</p>	<p style="text-align: center;"><b>JH</b></p>
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	<p>PP queried if it was possible to expand the Care Navigator Service as it currently stops at 5pm, JH confirmed that it had been proposed and a response was expected.</p> <p><b>2018/19 Financial Plan and Opening Budgets</b></p> <p>JB presented the financial plan and opening budget and highlighted the following points;</p> <p>The total resource limit for NNE was £213,705</p> <p>The Refreshing NHS Plans for 2018/19 Planning guidance had five assumptions and rules to follow which were;</p> <ul style="list-style-type: none"> <li>• Minimum 0.5% Contingency (CCG Plan 0.5%)</li> <li>• Remain within Admin Costs Allocation (CCG plan under on running costs)</li> <li>• Meet the CCG's stipulated Control Total (breakeven for the CCG)</li> <li>• National policy – achievement of the Mental Health Investment Standard</li> <li>• National policy – Better Care Fund contribution (minimum included in CCG plan)</li> </ul> <p>JB explained that the Government had committed an additional £600 million funding however the CCG did not qualify for and sustainability funding.</p> <p>JB drew the attention of the Governing Body members to appendix 1 and highlighted the following points;</p> <p>The system control target for Nottingham and Nottinghamshire was £19 million.</p> <p>During 2017/18 the control total for NUH was a £10.7 million deficit however for 2018/19 it had been confirmed as a £7.8 surplus, JB explained that it had been achieved via the receipt of a provider sustainability fund of £32.7 million. MW noted that Sherwood Forest Hospital hadn't benefited in the same way, JB agreed and explained that the process of allocation was in relation to the delivery of certain parameters.</p> <p>JB confirmed that there may be small changes to the financial plan but they would be minimal.</p> <p>The Governing Body</p> <p><b>Approved</b> the 2018/19 opening budgets</p> <p><b>2018/19 Better Care Fund Plan</b></p> <p>JB presented the 2018/19 Better Care Fund Plan and confirmed that it was for the three South CCGs and agreement was in place with Nottinghamshire County Council.</p>	
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	<p>JB confirmed that there were performance metrics in place which were monitored via the Health and Wellbeing Board.</p> <p>MW queried if the County Council contributed to the Better Care Funds, JB confirmed that the Council did contribute however it was identified in their core allocation.</p> <p>JB requested that the Governing Body delegate final authorisation of the Better Care Plans to the Accountable Officer.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the draft Better Care Fund plans</p> <p><b>Approved</b> the delegation of the final authorisation of the Better Care Plans to the Accountable Officer</p>	
GB 18/035	<p><b>Greater Nottingham Financial Recovery Plan</b></p> <p>JH welcomed Janet Soo Chung (JSC) Fiona Callaghan (FC) and Caroline Brew (CB) to the Governing Body.</p> <p>JSC and FC presented the Financial Recovery Plan for 2018/19 and highlighted the following points;</p> <p>JSC drew the attention of the Governing Body members to the executive summary and confirmed that the CCG would meet their financial target for 2017/18. JSC explained that a positive meeting had taken place with the Regional Director of Finance for NHS England - Midlands and East</p> <p>JSC confirmed that the savings target for 2018/19 was £52.5 million. The National Planning Guidance stipulated that the CCGs must plan for additional activity based on national averages which would generate an additional pressure of £7.4 million for Greater Nottingham, JSC confirmed that Greater Nottingham would adhere to the to the planning guidance.</p> <p>JSC confirmed that £43 million savings of the £52 million target had been identified which had left a gap of £16 million. FC noted that work was ongoing in relation to RightCare opportunities and a review of investments.</p> <p>Following a review of national benchmarking data, RightCare opportunities had identified a potential saving of £9 million. The programme areas had an identified SRO.</p> <p>JSC noted that the pipeline schemes totalled £9 million which would allow for £50k headroom.</p> <p>Mike Wilkins (MW) noted that he was pleased that there was focus on the RightCare and challenged the data that was used to identify the savings. Andy Hall (AH) explained that the RightCare data was a tool to use alongside other information</p>	

	<p>and provider data to ensure a full local picture was captured.</p> <p>Jonathan Bemrose (JB) highlighted that there was a £16 million gap and further work was required.</p> <p>The Governing Body:</p>	
GB 18/036	<p><b>Performance Report</b></p> <p>Andy Hall (AH) presented the Performance Report for March 2018 and highlighted the following points;</p> <p>The 4 Hour A&amp;E standard had not been met during January and there had been one 12 hour trolley wait due to the lack of bed availability. JH noted that it had been a difficult winter and Community Services had opened additional beds to meet the discharge needs of the system.</p> <p>Nichola Bramhall (NB) highlighted concerns in relation to the discharge planning and the importance that quality was maintained. NB confirmed that the quality indicators were regularly reviewed by the Quality Team.</p> <p>PP noted that there was a possibility that an increase in the readmission rate would be seen.</p> <p>Janet Champion (JC) queried if the increase in patients presenting at NUH was due to the weather? JH explained that an increase in patients had not been seen but the severity of the patients being treated was higher so the discharge rate was lower resulting in less beds being available.</p> <p>The Cancer 31 Day target had not been met. The Cancer 62 Day target had been achieved by NNE for over the last two months.</p> <p>There was an increased focus on the children waiting time for Wheelchairs, AH explained that there was a low number of patients so the variation was large. JH noted that patient choice and non-attendance affected the figures, AH agreed and explained that sometimes the patients were accessing treatment or were admitted to hospital however the guidance did not allow for the clock to be stopped in any circumstance. The lead for the wheelchair standard following the alignment would be Sally Seeley.</p> <p>The delayed transfer of care target had not been met.</p> <p>AH confirmed that the data for the Ambulance indicators was now available and the detail would be included in the next Performance Report.</p> <p>AH explained that discussions were still ongoing with NHS England in relation to the prevalence rate for.</p>	

	<p>JH thank AH for presenting the Performance Report and invited Governing Body members to ask any questions.</p> <p>EM queried if the data was available in relation to the Children and Young People Eating Disorders, AH confirmed that the figures were not available but the CCG were made aware if they had met the target.</p> <p>The Governing Body</p> <p><b>Acknowledged</b> the performance update.</p>	
GB 18/037	<p><b>Finance Information Group (FIG)</b></p> <p>TA confirmed that the update in the Finance section included the items discussed during FIG and there were no other items to escalate to the Governing Body.</p> <p><b>FIG Terms of Reference</b></p> <p>TA presented the proposed changes in relation to membership and quoracy of the terms of reference and explained that it was a result of SW being appointed as the Greater Nottingham Accountable Officer. TA explained that the Greater Nottingham Finance Group was being established and the FIG would cease to run in the near future.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Finance Information Group Highlight Report <b>Approved</b> the Finance Information Group Terms of Reference</p>	
GB 18/042b	<p><b>Integrated Governance Arrangements</b></p> <p>JH welcomed Lucy Branson (LB) to the Governing body</p> <p>LB explained that the purpose of the paper was to seek approval from Governing Bodies to approve the proposed Constitution amendments needed to align the CCGs governance arrangements and establish the Joint Commissioning Committee.</p> <p>LB presented the Integrated Governance Arrangements</p> <p>LB drew the attention of the Governing Body to the Greater Nottingham Joint Commissioning Committee (GNJCC) Terms of Reference in appendix A and confirmed the membership, delegation arrangements and the standing orders.</p> <p>The schedule of meeting dates and development sessions for</p>	

	<p>2018/19 had been identified.</p> <p>LB explained that the proposed Integrated Committee Structure was a mixture of committees, committees in common and meeting. The proposed separate committees included the Patient and Public Involvement, Primary Care Commissioning Committee and the Clinical Cabinet.</p> <p>LB confirmed that high level terms of reference for the committees were included in appendix B that provided an overview of their responsibility and membership.</p> <p>LB explained that to make the changes required to integrate the governance arrangements the constitution would need to be amended. There would be a requirement for the Governing Body and CCG members to approve the proposed changes prior to being submitted to NHS England for final approval.</p> <p>The individual Governing Bodies would take place quarterly.</p> <p>LB confirmed that Greater Nottingham policies and working documents were being developed and requested that the approval of the documents was delegated to Sam Walters.</p> <p>TA noted the function of the Investment and Disinvestment Panel and noted that the responsibility of the committee included decision making and queried if this would be a double delegation from the Governing Body to the GNJCC to the Investment and Disinvestment Panel. LB confirmed it would not be a double delegation and the explained that legal advice had been sought to ensure that appropriate governance arrangements were in place.</p> <p>The committees would be drawing membership from the current Governing Body memberships.</p> <p>JH enquired if the NNE Governing Body GPs had any questions to ask in relation to the proposed arrangements, no questions were asked.</p> <p>TA noted that the terms of reference for the Investment and Disinvestment Panel were similar to the Financial Recovery Group however a focus on transformation was not reflected in the overview and it was a recommendation of the Deloitte Report.</p> <p>JC queried why fundamental investment and disinvestment decision were not made by the GNJCC.</p>	
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	<p>JB noted that the South CCGs did not have the equivalent of the Investment and Disinvestment Panel and clarity around the classifications was needed to provide assurance, LB agreed and confirmed that the Panel would need to work in practice.</p> <p>JH confirmed that the Integrated Governance Arrangements were due to be discussed at the Practice Forum scheduled on the 21<sup>st</sup> March.</p> <p>SW confirmed that the governance arrangements in relation to engagement with patients and the CCG member practices was still being developed.</p> <p>LB confirmed that the proposed arrangements would ensure that the committees with the member practices would steer the GNJCC and consultation with member practices would take place.</p> <p>The Governing Body;</p> <p><b>Approved</b> the Integrated Governance Arrangements and recognised that they would evolve during the development.</p>	
<b>QUALITY AND PATIENT SAFETY</b>		
GB 18/038	<p><b>Quality Report 2017/18 Quarter 3</b></p> <p>NB presented the Quality Report for Quarter 3 and confirmed that it was received by the QRC.</p> <p>The position against Health Care Associated Infection showed that at the end of February NUH had exceeded the limit for <i>C.diff</i></p> <p>There were 5 cases within Nottinghamshire for Transforming Care. NB explained that the CCG and NHSE commissioned beds were included in the position and 4 of the beds were NHSE commissioned beds which has meant that as a collective the target has not been met.</p> <p>The CCG had met the target for CHC performance which had been a significant improvement in the number of assessments been undertaken outside of a hospital setting.</p> <p>The Governing Body</p> <p><b>Reviewed</b> the Quarter 3 Quality Report</p>	
GB 18/039	<p><b>Quality and Risk Committee - Highlight Report 14/02/2018</b></p> <p>NB presented the Quality and Risk Committee Highlight Report and highlighted the following points;</p> <p>The Local Maternity System Quality Indicators had been repeated and whilst it was evident that changes had been made</p>	

	<p>and improvements has been recognised the risk scores had not significantly changed as the changes had not been in place long enough to become established.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> the Quality and Risk Committee- Highlight Report 14/02/2018.</p>	
GB 18/040	<p><b>Nottinghamshire Safeguarding Adults Board - Highlight Report 11/01/2018</b></p> <p>NB confirmed that there were no items to escalate to the Governing Body.</p> <p>The Governing Body;</p> <p><b>Acknowledged</b> Nottinghamshire Safeguarding Adults Board- highlight report 11/01/2018.</p>	
<b>STRATEGY AND LEADERSHIP</b>		
GB 18/041	<p><b>Update on CCG Alignment</b></p> <p>SW confirmed that the CCG alignment was ongoing.</p> <p>The Governing Body:</p> <p><b>Acknowledged</b> the Update on CCG Alignment</p>	
<b>CORPORATE GOVERNANCE</b>		
GB 18/042a	<p><b>Business Continuity Plan</b></p> <p>AH presented the Business Continuity Plan and highlighted the following points;</p> <p>The previous version of the Business Continuity Plan had been tested via the cyber-attack that highlighted the following gaps</p> <ol style="list-style-type: none"> <li>1. Continuity of systems was a gap within the policy as it had a focus on building and estates.</li> <li>2. Communication between colleagues and partners was difficult as address books were electronic and the phones systems were also down.</li> <li>3. The need for an incident base to be established was evident</li> </ol> <p>AH confirmed that the amended policy had been strengthened to include these elements.</p> <p>AH explained that the policy would be reviewed in the future to become a Greater Nottingham Business Continuity Policy.</p>	

	<p>EM queried how the Business Continuity Policy would be communicated to practices, AH confirmed that it would be sent to practices and there was a need to test the resilience of General Practice.</p> <p>EM queried if the CCG was assured that NHIS were prepared should a cyber-attack happen again, TA confirmed that the nature of a cyber-attack meant that the CCG could never be completely prepared however monthly updates were received via the IGMT the plans and action plans in place would be audited by the Internal Auditors.</p> <p>The Governing Body</p> <p><b>Approved</b> the Business Continuity Plan</p>	<b>HB</b>
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**DOCUMENTS**

<p>GB 18/043 <b>Minutes</b></p>		
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 Children's 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

<p>GB 18/044 <b>Reports</b></p>
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<b>Reports Presented to the Governing Body</b>	
Clinical Research Network – Q3 Report	
Risk Assurance Framework	
<p>The Governing Body reviewed the table that showed the dates of committee meetings and when minutes will be 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 18/045	<p><b>Have The Public Questions Been Answered</b></p> <p>There were no questions raised by members of the public.</p>
GB 18/046	<p><b>Risk identified during the course of the meeting</b></p> <p>No new risks were identified during the course of the meeting.</p>
GB 18/047	<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>Chappell Room, Civic Centre, Arnot Hill Park, Nottingham</p> <p>17<sup>th</sup> April 2018</p>	
<p><b>Confidential Motion</b></p> <p>Closed at 15:30</p> <p>The Chair invited the Governing Body 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 Governing Body so resolved and the remainder of the meeting was conducted in confidential session.</p>	