Minutes of NHS Norwich CCG Governing Body Tuesday 27 January 2015

NHS Norwich Clinical Commissioning Group

		ACTIONS
	Present: Dr Chris Price (CP) – Chair Irene Macdonald (IM) – Non Executive Member Chris Francis (CF) – Governing Body Member Cath Robinson (CR) – Governing Body Member Tracy Williams (TW) – Nurse Practitioner/Governing Body Member Paul Fisher (PF) – Non Executive Member Professor Paul Jenkins (PJ) – Non Executive Member David Goldser (DG) – Governing Body Member Augustine Pereira (AP) – Consultant in Public Health **In attendance:** Jo Smithson (JS) – Acting Chief Executive Officer Indira Patel (IP) – Interim Chief Finance Officer Sheila Glenn (SG) – Director of Quality, Strategy and Innovation James Elliott (JE) – Director of Clinical Transformation Nikki Cocks (NC) – Director of Operations and Delivery (from 2.10pm) Tim Curtis (TC) – Communications Lead Laura McCartney-Gray (LMG) – Engagement Manager Poppy Mabbitt (PM) – Minute taker	
1. 1.1	**Welcome and apologies** The Chair opened the meeting by welcoming members of the public and invited their participation and questions. It was agreed that the meeting would be recorded for admin purposes only. Apologies were received from Pam Fenner and Dr Victoria Stanley.	
2.	**Declaration of conflicts of interest** The Chair reminded the group that any declarations of conflicts of interest should be disclosed as soon as possible for a decision as to whether it is appropriate for the member to participate in discussion and voting for decision making. No new items were declared.	
3.	**Items Exempt Under Freedom of Information Act (FOI)** – none.	
4.	**Minutes of the meeting held on 25 November 2014 and Action Log**	
4.1	The Chair invited the Governing Body to make amendments for accuracy and offered suggestions to the wording of the section 1.2 welcome and apologies to accurately reflect the Chair's approval of the situation. The Chair further updated that the CEO has been moved from compassionate leave to suspension following NHSE involvement. It was stated that Indira Patel has been appointed as Interim Chief Finance Officer to backfill the acting up arrangement. No further amendments were made. The Chair moved the meeting onto matters arising otherwise not mentioned.	

	Matters arising: none	
4.2	The actions rated amber will be picked up during the meeting and green actions are for information and closure.	
5.0	**Chair's Action**	
	There have been no Chair's actions taken since last meeting. The Chair explained the status of the CEO leave had moved from compassionate leave to suspension .This decision was taken by the Chair in conjunction with NHS England.	
6.0	**Questions from Members of the Public**	
6.1	A member of the public asked if the CCG's mental health rev iew is now publically available. CP responded to say it isn't, as the person leading on the report has had a period of sick leave which has resulted in a delay of the report being delivered the CCG. The report was due to be given to the CCG at end December and will now not be with us until February ready for the formal report to go March Governing Body meeting. The same member of the public offered a supplementary question: according to the minutes of 25th November 2014 6.11 and 6.12 - did the consultancy carrying out the review elicit information from the mental health campaign? JE responded to say he didn't know but would endeavour to find out and CP followed up saying it was something the consultants were made aware of but wouldn't be able to tell if any information was used until the draft report is seen. No further questions were asked.	
7.	**Patient Story**	
7.1	SG provided an account from a patient with an eating disorder who received below satisfactory care from NNUH's A&E department. The patient had to attend A&E as the local disorder centre was closed. SG reflected that it is important that all clinicians working in A&E need to ensure that they have a sufficient level of understanding around mental health and the way patients perceive they're treated. CP asked if NNUH posted a response to the patient? SG confirmed that NNUH responded to the patient and the CCG is in contact with them about the case. SG went on to say that all their responses appear to follow the same wording, apologising for the fact that the care received doesn't follow high standards of care and asked that the patient contacts the hospital patient has said feedback would be given to the A&E team.	
7.2	SG gave a second more positive patient story. The story was an account from a patient who received excellent care after child birth reflecting the efficient nature of the team of nurses who looked after her. No comments made.	
8.	**Quality – 'Harvest Report'**	
8.1	The Director of Quality, Strategy and Innovation presented the report and informed	

	the Governing Body that the Quality Committee meets on a monthly basis and goes through in detail intelligence around providers and makes a judgement about the level of assurance. Main points to note were the level of assurance for NNUH has decreased due to breaches in A&E, referral to treatment and cancer waiting times. On the contrary, the assurance level, following a CQC report for NCH&C has increased, albeit there are a number of minor concerns that need to be picked up. SG reported that assurance for mental health provider NSFT has also decreased due to breaches of the AAT target and ongoing pressures regarding workforce. The CCG is awaiting the CQC report which should raise some high level concerns. OOH/111 assurance level is also decreased but noted that there are good governance processes in place to improve however the CCG is not seeing how practice is changing.	
8.2	TW expressed concern around NSFT assurance level decreasing again and queried how we can be sure that patients are safe. SG agreed and stated that the CCG is working very closely with SNCCG as the coordinating commissioner through CQRM to address the problems and reassured Governing Body that it is known to the CCG and problems are actively trying to be resolved. CP added a reminder that NSFT are under new management and they appear to be identifying nd working to resolve many problems. The Chair went on to say that the CCG is not happy with the number of out of area placements but reassured the Governing Body that the amount has reduced dramatically and this is being treated as a priority. However the CCG will not be satisfied until 0 is achieved.	
8.3	PF asked about the Urgent Care Centre and referred to the work of the system resilience group and how results have not been as good as anticipated. JE explained that Phase 1 of the Urgent Care Centre was put in place November 2014 and phase 2 when implemented will increase the flow. JE went on to say that minor injuries will be rerouted through the urgent care centre from February 2015. This was followed up with the statement that the initial anticipation had been 15 + people per day and is currently running at 25. JE stressed that it has reduced the numbers of minors breaching.	
8.4	CP noted that emergency figures are up but in line with the rest of the country and stated that the surge in emergency activity has been unprecedented but measures are in place to try and prevent people attending A&E and NCCG are providing extra capacity if that is where the demand is.	
8.5	The Governing Body noted the report.	
9.	**Performance Report**	
9.1	NC presented the Performance Report. The paper highlighted increased demand at NNUH particularly in A&E, cancer and elective treatments. NNUH Trust has not met the following quarterly cancer targets: <u>31 day treatment</u> NNUH has a target of 94% and in December achieved just under 91%. Out of the 22 patients seen, 2 breached.	

	62 day standard NC brought the Governing Body's attention to page 29 of the report which showed that against the target of 85%, Norwich CCG achieved 72%. 40 patients were seen, of which 11 breached. This is due to surgical capacity in gynaecology and head and neck cancers.	
9.2	NCH&C: The main delays are in podiatric surgery as they use NNUH theatre space to perform the procedures.	
9.3	111: Concerns particularly around urgent calls and the transfer of calls during November and December. A Contract Query Notice (CQN) is being issued with a view to implementing a remedial action plan.	
9.4	PJ made a number of observations about the report which led to a discussion around front line staff and the increased pressure on these staff which could lead to difficulties in innovation.	
9.5	CR expressed a positive message saying that it is part of our success that patients are living longer and stated that the NNUH is not exceptional with the problems around the 4 hour target. However, CR raised concerns with the RTT and cancer waits and so was worried as to why the NNUH is struggling with all 3 at the moment, particularly in relation to non-admitted cases.	
9.6	CP thanked all staff in all trusts as whilst it appears that staff have not been performing as well as previously, the number of patients has actually gone up and so trusts have actually increased and improved their efficiency but this isn't reflected as the total number of patients has increased as a whole.	
9.7	DG asked when we can expect to see the ECIST report on NNUH. NC replied to say that it took place before Christmas but we should expect to receive feedback by w/c 6th February 2015.	
10.	**Finance Report – Month 9**	
10.1	IP presented the report. Full details of the Month 9 Year to date financial position were shown in the report. Highlights of the report included a year to date surplus of £1.679k, £3k favourable to plan that means the CCG is still on track to deliver a £2.235m surplus for year-end which represents the 1% required by NHS England.	
10.2	IP asked the Governing Body to note the underspend in running costs of £337k however this is offset by an adverse variance in programme costs..	
10.3	IP mentioned pressures to date which includes emergency admissions at NNUH at 2.9% above plan, an increase in high cost drugs in particular home care drugs, pressures on the ambulance contract and the pathology contract. There are further pressures added by primary care prescribing, this is mainly down to the increased impact of Category N drugs and flu vaccinations however there are favourable movements in other areas, for example intermediate care beds and neuro bed costs thus bringing the variance down. The CCG has also been actively reviewing CHC care packages which has highlighted some duplication and resulted in some savings.	

	The report includes some financial risks and mitigating actions. IP stated that these risks are not included in the expenditure forecast.	
10.4	IM asked what the scale of the risk of providers vacating properties as part of their cost improvements programme and transferring void costs to commissioners was. JS responded to say that the main risk is to NCCG is approximately £600k and went on to say that the CCG has been in discussions with NHS Property Services and the Commissioning Health Partnership to manage portfolio of properties.	
10.5	CR asked for some more information around the Quality Premium Reward. JS explained that the money totalling £469k was to be received; this must to be used to improve the health of the population and address inequalities. CR asked for details of the schemes on which our achievement had been measured. JS to confirm. **Action: JS to confirm schemes on which achievement had been measured**	**JS**
10.6	PF added that the Finance Committee reviewed the report and held a discussion around the transformation reserve and the need to ensure that we utilise this reserve by March 2015.. JS responded to say that there have been delays in implementing plans which were identified at the start of the year, to utilise all of this reserve. DG added that the forecast transformation reserves forms a large proportion of 'other' on the month 9 financial position on page 2 of the report which makes up a significant amount of surplus. DG highlighted that £5 per head in primary care details a forecast for under half of the allocation and raised concerns that Norwich practices might not be happy with this position. DG expressed concerns that phase 1 of The Cloud was undergoing difficulty and raising uncertainty; phase 2 is planned expenditure for 2014/15 and questioned whether it will be spent in time. DG added that he would like decisions for significant investment to be discussed with the Governing Body. CP agreed that any further Cloud investment will be presented to Governing Body. CP also agreed with DG in relation to the underspend on £5 per head, however informed the Governing Body there have been a number of limitations in spending the full amount. CP stated that the CCG is willing to spend up to the £5 per head on any schemes that meet the criteria. A formal request had been made to the November meeting of the Council of Members by CP for submission of proposals. To date, none have been received.	
11.	**2015/16 Financial Allocations**	
11.1	IP presented a paper to inform the Governing Body of the £6.0m allocation announced in December 2014 that replaces a previous indicative allocation that was issued December 2013. IP talked through the planned programme allocation and informed the Governing Body that Norwich CCG's distance from target will be 2.2% below target. The total recurrent allocation for Norwich is £234.7m. Norwich CCG is currently working up a financial plan to be submitted to NHS	

	England which will be submitted within the next few weeks and in March 2015 the Governing Body can expect a paper to see what the budget will look like against the plan for 15/16. JS added that the allocation is a very positive message and gives Norwich CCG 0.7% growth however there is a downside is that the planning guidelines come with extra burdens and the CCG will need to consider marginal rate credit and mental health parity of esteem and the CCG has to look on this favourably. The CCG is looking at ways to invest in mental health services and seasonal resilience. JS reminded the Governing Body that the CCG has an £8.0m QIPP target for 15/16.	
12.	**QIPP Report**	
12.1	JS provided an update on the QIPP Programme. Year to date the plan has achieved £2.75m of savings against a plan of £3.5. The forecast for the year is to achieve a saving of £3.8m which results in a shortfall of £1.5m for the year. JS assured the Governing Body that the shortfall for QIPP is included in the forecast.	
12.2	JS updated to say that the target hasn't been achieved due to increasing activity in pathology, GP referrals, CHC and delays in the MSK pathway. The 15/16 QIPP plan aims to make £8.0m of savings and identified £6.7m of savings already. Areas identified for delivering savings include emergency admissions and reducing pressures in the system, prescribing. Further work is being carried out to identify the balance of savings required.. The QIPP plan will go to finance committee for scrutiny with a view to bringing to Governing Body in March 2015.	
12.3	The Governing Body discussed areas of the QIPP plan and identified a recurring theme of issues with workforce and CP responded to say he has been involved in a workforce summit and significant change has happened over the last 3 months. Health Education England has recognised the problem and there are substantial plans in place to change the situation particularly in Primary Care.	
13.	**Commissioning Report: Operating Plan and Healthy Norwich**	
13.1	The report was presented by JE. The report provided an update on the implementation of the four main programmes; YourNorwich, Healthy Norwich, Collaborative Commissioning and Primary Care Development. These will be further discussed in February with a view to formal sign off at march.	
13.2	Rapid Response: This is now at the point of proof of concept and John Mallett, Assistant Director of Norwich Locality for NCH&C is assisting the CCG to test this with two Norwich GP practices to ensure robust processes are in place in order to implement from 1st April.	
13.3	Care Home Locally Commissioned Service: This will shortly be ready to roll out, aligning each care home in Norwich with one specific GP Practice.	
13.4	Virtual Ward: Phase 1 was implemented quickly and was brought in from 1st December which helped with demand of flow of patients to get them back into a community setting. Phase 2 is being worked on.	
13.5	Community Heart Failure Service: In the process of being procured.	
13.6	Dementia: Executive Committee has agreed to commission an Admiral Nurse. JE	

	explained this is linked to QIPP and the role will be comprised of 3 main elements: 1. The Nurse will look at Norwich CCG CHC cohort of patients and see if care can be improved. 2. Offer support to practices. 3. Design dementia friendly services going forward with the support of clinicians.	
13.7	Primary Care Development: The CCG has confirmed its position in terms of co-commissioning which allows the CCG to continue to influence the Area Team whilst through the next few months take on increased responsibilities in a managed environment. The Council of Members met at the end of November and there was strong support around direction of travel and top line agreement around principles. A bid to the Prime Minister's Challenge Fund was submitted by Norwich Practices Ltd. If the bid is successful the funding will give support to capacity and access in primary care. The CCG is also looking to offer support to practices to enable closer collaboration. This is being picked up by the Council of Members.	
13.8	OOH/111: Procurement is underway, bids are expected February 2015.	
14.	**Primary Mental Healthcare Procurement**	
14.1	JE presented a report which sets out the background to the procurement and noted that the service has gone through a formal procurement process. He requested that the final decision, once the evaluation was complete, would be taken by Chair's actions in order to meet the required timetable and allow sufficient time for mobilisation. NC added that to date due process has been followed and the Governing Body have to agree that thus giving the Chair assurance to make a decision under Chair's actions. The Governing Body agreed that due process has been followed PF advised on the process around chairman's actions which requires the decision to be taken by the Chair after taking advice and achieving agreement with two of the Deputy Chair, CEO, CFO,	
14.2	A member of the public, Mr Bill Adnams asked what happens if the sole provider is deemed to be below standard, would they gain the contract automatically? CP responded to say that it is unlikely a contract would be awarded to a provider if they didn't meet the basic requirement. NC added that there would be a couple of options should the provider not meet requirement; there would be an option to award in emergency circumstances recognising that you wouldn't award permanently if the provider wasn't above the line.	
14.3	Mr Adnams also asked what the cost of the whole procurement is particularly one that signals towards a single bidder. CP responded that we do not have the cost off hand but it wold be in our interests to view the cost and resources to the CCG.	
14.4	CP added that he had talked a member of the public (Mr Peter Kinchin) who had asked how effective the process is if you are down to one provider. JE responded to say that it is preferable to get more than one bidder however there is still room to	

	negotiate with the provider. NC added that it isn't appropriate to comment at this stage.	
15.	**Governance Review**	
15.1	NC presented a summary of a Governance Review which was undertaken by an independent governance colleague.. The purpose of the review was to ensure that NCCG had robust processes in place and as a result 15 recommendations were made as set out in the paper presented. NC reported that 1,2,3,4,6,13 and 14 have already been discussed as part of the constitution and the majority of the points made as tweaks to processes already in place. NC stated that the Governing Body Assurance Framework (GBAF) and the associated Risk Management Strategy and Policy should be reviewed.	
15.2	IM queried how point '5. Strategic objectives to be included in the cover sheet of all Governing Body and Committee agendas and papers will be addressed. NC responded to say that if we have 4 or 5 strategic objectives then the most appropriate one can be identified in relation to each agenda item NC stated that our 5 strategic objectives are in the constitution. CP asked the Governing Body if at the next discussion meeting it would be helpful to review the strategic objectives to ensure they are fit for purpose and all Governing Body members are up to date with what they are.	
15.3	IM queried point '15. The oversight of functions delegated to a CCG clinical representative at the Norfolk & Waveney Drugs & Therapeutic Committee to be the responsibility of the Executive Committee. The clinical representative should attend the Executive Committee on an annual basis.' in that she wasn't aware of this panel and asked what about inclusion of the 2 IFRs. After discussion it was agreed that the report should go to the Clinical Reference group (CRG) for review and then to Executive Committee for noting.	
16	**Whistleblowing**	
16.1	NC presented the Whistleblowing Policy which has been revised to ensure that it meets best practice and is easily understood. The Policy has been shared with other CCGs and local counter fraud specialist and has been agreed by the Audit Committee. NC reported that the main change is to Appendix a, which has changed to allow people to go directly to named GB member (PF) if they don't feel comfortable going through a line management route to report a whistleblowing issue. CP asked if the CCG has ever had to use the policy to date. NC responded to say the CCG hasn't. The Governing Body agreed all the changes to the policy.	
17.	**Governing Body Assurance Framework (GBAF)**	
17.1	NC presented the GBAF. NC updated to say that the majority of risks had been covered.	

	Item 1.8 - Relocation of Timberhill: The move is expected to take place at the end of April and the current contract has been extended in the interim to ensure continuity of service. TW raised the point that 1.8 was discussed at Finance Committee and stated that if the move was delayed it could have a knock on effect in other areas of primary care services. NC reassured the GB that this is recognised and it is a standing agenda item for the Capacity Planning Group. NC informed the GB that, as part of their annual plan, internal audit will undertake a review of NCCG's risk management processes. The findings and recommendations will be reported to the Audit Committee..	
18.	**AOB**	
	No further business.	

The meeting closed at 5 pm

Minutes agreed as accurate record of meeting:

Signed: …… Date: ……...
Chair (on behalf of NHS Norwich CCG Governing Body)