All attendees should be aware of NHS Rushcliffe CCG’s participation in the Freedom of Information Act. The minutes and papers from this meeting will be published in the Publication Scheme with all names included, unless notified to the Chair before the meeting commences or included in a pre-agreed confidential section due to the sensitive nature of the debate.

Membership: ‘A’ denotes absence

- Mrs. S. Hyde - Lay Vice-Chair SH
- Dr. S. Shortt - GP Chair SS
- Mrs. V. Bailey - Chief Officer VB
- Mr. J. Bemrose - Director of Finance JB
- Mr. I. Blair - Lay Member IB
- Mrs. N. Bramhall - Director of Nursing and Quality NH
- Dr. G. Derbyshire - GP Member for Member Practices GD
- Mrs. A. Greenwood - Lay Member AG

A - Mr. J. Gribbin - Public Health Consultant JGr
Dr. J. Griffiths - GP Member Lead for Health and Wellbeing Board JG
A - Mr. A. Hall - Director Outcomes and Information AH
A - Prof. C. Hawkey - Secondary Care Doctor CH
A - Mr. P. McKay - Service Director Adult Health and Social Care, NCC PMc
Dr. C. Rix - Lay Member (part of meeting) CR
Ms. L. Sharp - Head of Governance and Engagement LS

In attendance:
- Ms. N. Browne - Senior Service Improvement Manager (Shadowing) NB
- Mrs. H. Griffiths - Assistant Chief Officer HG
- Mrs. S. Seeley - Director of Quality and Delivery (Interim) Nottingham City CCG (for item 15/166) SSe
- Ms. S. Turner - Transformation Manager, NCC (for Mr. McKay) ST

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<thead>
<tr>
<th>RCCG/GB/15/152 Welcome and Introduction</th>
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<td>Mrs. Hyde welcomed everyone to the meeting of the Governing Body.</td>
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<tr>
<th>RCCG/GB/15/153 Apologies for Absence</th>
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<tr>
<td>Apologies were received from Mrs. Gribbin, Professor Hawkey and Mr. McKay.</td>
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<th>RCCG/GB/15/154 Declarations of Interest</th>
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<td>There were no declarations of interest for this agenda over and above those in the Register of Interests.</td>
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<tr>
<th>RCCG/GB/15/155 Minutes of the Last Meeting held on 17 September 2015.</th>
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<tr>
<td>NHS Rushcliffe Clinical Commissioning Group</td>
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<tr>
<td>19 November 2015 – Open Minutes</td>
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<td>Chair – Mrs. Sheila Hyde</td>
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<td>LS/NHS Rushcliffe CCG Governing Body</td>
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The minutes of the previous meeting were agreed as a correct record.

### RCCG/GB/15/156 (i) Action List

i) NHS 111 Procurement Process  
Mrs. Bailey would be the Rushcliffe representative on the Procurement Committee with Liz Harris as deputy.

ii) All other actions were completed or in hand.

### RCCG/GB/15/156 (ii) Matters Arising from the Meeting held on 17 September 2015

There were no further matters arising.  
An updated action list would be appended to the minutes.

### RCCGB/GB/15/157 Lay Vice-Chair and Lay Members’ Verbal Report

i) Rushcliffe Community Awards 11 November 2015 – Mr. Blair reported that he had attended the award ceremony where the CCG had won the Enabling the Community Award for the Mental Health and Wellbeing Forum.

ii) Health Service Journal Awards – the CCG had been nominated for the commissioning for carers work and had been shortlisted to the top 10 from 70 applicants.

The Governing Body congratulated all those involved and thanked them for their hard work in these two significant achievements.

### RCCG/GB/15/158 Chief Officer’s Report

Mrs. Bailey spoke to her report and noted the following:

**Better Care Fund 2016/17**  
The Better Care Fund would continue into the 2016-17 financial year, as set out in the recent written Ministerial Statement. The local flexibility to pool more than the mandatory amount would remain, however, detail about the minimum size of the fund would not be confirmed until after the Spending Review reports on 25 November 2015. There would be greater clarity on the policy framework that would underpin the Better Care Fund next year. The formal planning process would commence at the end of the year however an evaluation of the Better Care Fund implementation to date would be undertaken in the interim with Better Care Fund partners. This should include what had worked, what had not worked as anticipated and what could be adjusted, refined or changed moving forward.

**Review of Services for Looked After Children and Safeguarding in Nottinghamshire**  
The Care Quality Commission conducted a review of safeguarding children and services for looked after children in the Nottinghamshire area between Monday 5 October and Friday 9 October 2015. The review focused on the quality of health services for looked after children, and the effectiveness of safeguarding arrangements for all children in the area. The review was conducted under section 48 of the Health and Social Care Act 2008 and focused on evaluating the experience and outcomes for children, young people and their families who received health services within the boundaries of Nottinghamshire. The report was expected in December and would detail key findings across the local health economy, and where necessary, make recommendation for improvement.

**Update of Review of Centrally Funded Improvement and Leadership Development Functions**  
A review of centrally funded NHS improvement and leadership development, initiated under the previous
government and led by NHS England’s Deputy Chair Ed Smith was published in July 2015. The review concluded that the current system for improvement and leadership development was fragmented, and could not meet the current and future needs of the NHS. The review put forward 16 recommendations. The implementation of the recommendations from the review was now progressing, national governing arrangements were being set up to oversee the work and a national governing board for improvement and leadership met monthly to steer the development of the national strategies for capability building in improvement and leadership development. The national strategies would set out the national priorities for capability building and support individual provider and commissioner organisations to deliver on both national and their local priorities. A series of stakeholder events would take place during the remainder of 2015/16 to ensure views and experiences of stakeholders across the system were drawn upon.

**Patients to Benefit from Radical New Hospital Collaboration Drive**

Thirteen new hospital vanguards had been chosen from 65 submitted bids to become Acute Care Collaboration vanguards, designed to spread excellence in hospital services and management across multiple geographies. The Acute Care Collaboration vanguards would develop new arrangements between hospitals for sharing staff, services and resources to improve the quality of care provided to patients, the clinical viability of smaller hospitals, and the productivity of each participating hospital.

The chosen vanguards were:

**Multihospital Chains**
- Salford and Wigan Foundation Trust
- Northumbria Foundation Group
- Royal Free London

**Multisite Speciality Franchises**
- Dartford and Gravesham (small District General Hospital)
- Moorfields (Ophthalmology)
- National Orthopaedic Alliance (Orthopaedics)
- The Neuro Network (The Walton, Liverpool) (Neurology and spinal speciality)

**Accountable Clinical Networks**
- Merit (Birmingham and Solihull) (Mental Health Accountable Clinical Network)
- Cheshire and Merseyside Women’s and Children Services (Maternity and Paediatrics Accountable Clinical Network)
- Royal Marsden, Manchester Cancer and UCLH (Cancer)
- East Midlands Radiology Consortium (Radiology)
- Developing ‘One NHS’ in Dorset (Multispecialty)
- Working Together Partnership (South Yorkshire, North Derbyshire and Mid Yorkshire) (Multispecialty)

The new models developed by the 13 hospital vanguards represented the next stage of implementing the NHS Five Year Forward View. By contrast, the 37 vanguards already launched mostly focused on integrating care between GP’s, social and community care, mental health and hospital services within their area.

**OFSTED style ratings for CCGs**

From next year, for the first time, new ‘Ofsted style’ ratings would show patients how their local area’s health service was performing in crucial areas, including cancer, dementia, diabetes, mental health, learning disabilities and maternity care.
The new ratings, broken down by Clinical Commissioning Group (CCG), would not only be based on local data but would also be verified by experts in each field.

Initial ratings, based on the current CCG assessments, would be published in June 2016. As part of the government’s transparency agenda, this would both spread best practice and help bring about improvement where services were underperforming and create a complete picture of care quality in the NHS.

By giving patients access to performance data, healthcare services in local towns and cities would be much more accountable to their local population than previously.

**Outcome of Review of EPRR Core Standards Self-Assessment for 2015-16**

Following the submission of the 2015/16 EPRR Self-Assessment and the Assurance Process, undertaken on the 16 September 2015, NHS England North Midlands had evaluated Rushcliffe CCG’s Level of Compliance as Full.

The panel considered that Rushcliffe CCG had a number of effective mechanisms in place for EPRR and an accurate self-awareness of areas requiring further attention. Progress on implementing the action was to be submitted in writing by 12 February 2016.

Mrs. Bailey added that there had been increased attention on emergency planning arrangements recently due to the junior doctors’ strike ballot.

**Clinical Commissioning Group Guidance on Senior Appointments, including Accountable Officer**

New guidance had been issued by NHS England for Clinical Commissioning Groups on senior appointments, including accountable officers.

The document superseded *Appointing a new accountable officer to a clinical commissioning group* published in January 2014, and should be used by Clinical Commissioning Groups (CCGs) and NHS England as guidance when appointing a new accountable officer (AO).

The updated guidance acknowledged the changes that had taken place within NHS England since January 2014, and updated roles and responsibilities for CCGs and NHS England when appointing new AOs. It reaffirmed the role of NHS England in appointing to Chief Officer/Accountable Officer posts which would be approved by Simon Stevens.

**Rushcliffe Community Awards 2015**

NHS Rushcliffe CCG Mental Health and Wellbeing Forum won at the Rushcliffe Community Awards on Wednesday 11 November 2015 in the category “Enabling Communities”. This was for the work to reduce stigma within the community. Key pieces of work included the development of the loneliness card and working in partnership with the library service to develop the “Unwind your Mind” annual event to celebrate World Mental Health Day. The Mental Health and Wellbeing Forum was one of six patient forums within Rushcliffe CCG which chaired by Sue Knowles, Health Development Worker within Rushcliffe Community Voluntary Services (RCVS).

The Governing Body NOTED this report.
Mrs. Moss explained the GP Local Enhanced Delivery specification was a voluntary local enhanced service for Rushcliffe GP practices. The decision to award as a single action tender had been previously taken by the Governing Body at its 20 November 2014 meeting following advice from the Patient Cabinet and a task and finish group where all conflicts of interest were managed.

The service had a detailed specification with measures and outcomes which would offer an extended quality and service offer to Rushcliffe patients. It would also support the development of a sustainable base of high quality local practices and the CCG’s business objectives. It addressed themes of access, long term conditions care, the interface with secondary care, relationships with other professionals and integration of care, appropriate use of resources and governance.

The paper gave a summary of progress to date and also proposed payments for the remainder of 15/16 subject to achievement of the metrics.

The funding required to pay for the levelling up achievement payment was detailed in the accompanying statement produced by the Assistant Chief Finance Officer-Planning & Strategy. This would equalise practice £ per weighted patient and took account of funding calculations undertaken by NHS England with regards to core baseline funding.

A full discussion took place during which a number of questions were posed, including the nature of the ongoing challenge. This was felt to be the sovereignty of practices, how they worked alone and what they did together; the cultural changes needed to work in a collaborative way; extra work for some practices and not others and managing that inequity.

Dr. Griffiths added that the enhanced specification was amongst other things, about improving the quality of care and yet the tools to measure this were poor – the Friends and Family Test for example. Better ways of measuring quality were needed either centrally or if not locally.

Mrs. Bailey added that once the final practice signed up to the specification, there would be a more formal launch and the Patient Cabinet would have a role in gaining feedback from patients on specific initiatives.

In response to a question, Mrs. Bailey confirmed that access to the 16/17 specification was predicated on the gateway of completing for 15/16, in order to justify the continued investment. She added that it was difficult to see a direct line of sight to the financial position at the moment. Process measures were clear but outcome measures might not be obvious for some time yet.

Work was in progress for the 16/17 specification which would include:

- Clear metrics with a value attributed to these
- Different contractual arrangements to those for this year
- Risk transfer from commissioner to provider
- Achieving the 15/16 completion gateway

Mrs. Bailey re-stated the recommendation for the Governing Body for this meeting which was to approve the levelling up of payments to practices.

The Governing Body APPROVED the levelling up payments to eligible practices, subject to achievement of all the metrics for 15/16.
Mr. Bemrose explained that CCGs were required to develop a Strategic Estates Plan by 31 December 2015.

NHS Nottingham West, NHS Nottingham North and East and NHS Rushcliffe CCGs had formed a Local Estates Forum which had met regularly since September to plan and agree actions needed to achieve the requirement and timescales.

The CCGs had developed an overarching Strategic Estates Plan within which the CCGs had developed their own individual Estates Strategies. This highlighted a number of priority considerations based on several factors including condition of existing facilities and the pressure of additional new populations as a result of the new residential developments.

The plan was a living document and would develop over time. The Local Estates Forum would expand to include partner organisations and the scope of the document would widen to reflect the South Nottinghamshire unit of planning.

The next stage was to meet with practices in each locality to discuss issues in each area in more detail.

In response to a question, Ms. Sharp confirmed that she had responded to all alerts from Rushcliffe Borough Council regarding residential developments and potential developer contributions.

The Governing Body:

- **NOTED** the overarching Strategic Estates Plan
- **APPROVED** the Local Estates Strategy for NHS Rushcliffe CCG
- **DELEGATED** approval of the final version of the draft Strategic Estates Plan to be submitted on 31 December to the Chief Finance Officer and Chief Officer

Mrs. Bramhall explained that the South Nottinghamshire CCGs Quality and Risk Committee Terms of Reference had been reviewed as part of the annual process.

The following amendments had been made:

- Membership updated to reflect new roles and revised titles
- Reference had been made to the relationship with the Nottinghamshire County CCGs Safeguarding Committee
- The Committee’s role in assessing Quality Impact Assessments with a risk score > 8 had been clarified
- Reference had been made to two new providers that now come under the remit of the South CCGs Quality Team (Ramsay Nottingham Woodthorpe Hospital and BMI The Park)

The Governing Body **APPROVED** the Terms of Reference for the South Nottinghamshire CCGs Quality and Risk Committee.
Mr. Blair explained that the new restructured Patient Cabinet was now up and running with new members recruited. Induction and development sessions had taken place over the summer with the first formal business meeting held on 5 October 2015.

The terms of reference were developed from the PPI structure paper which came to the Governing Body on 20 November 2014.

The Patient Cabinet recommended the terms of reference for approval at its meeting on 5 October 2015.

The Governing Body **APPROVED** the Patient Cabinet Terms of Reference

### RCCG/GB/15/163 Information Governance Management and Technology Committee Terms of Reference

Mr. Hall explained that the terms of reference were due for review and amendments to the previously approved version reflected:

- Updated membership
- Change to the approval rights of the committee
- Clarification of voting rights for deputies
- Change to expected attendance of members at meetings
- Additional responsibility to reflect the committee’s new responsibilities in relation to primary care co-commissioning
- New nominated deputy chair for the meetings

The Governing Body **APPROVED** the IGMT Terms of Reference

### RCCG/GB/15/164 Collaborative Agreement for CCGs and NHS England – East Midlands Collaborative Commissioning Oversight Group (EMCCOG)

Mrs. Bailey explained that in order to manage specialised commissioning at scale, collaborative arrangements were proposed across the East Midlands. An agreement between the CCGs and NHS England had been developed to provide assurance on the arrangements and included a Specialised Commissioning Oversight Group. The arrangements were intended to give the CCGs greater involvement in the commissioning of Specialised Services, in order to better align and transform pathways of care around the needs of local populations.

No statutory functions were delegated by NHS England to the CCGs (or shared with the CCGs) as part of the collaborative commissioning of Specialised Services under this Agreement. Accordingly, NHS England remained responsible and accountable for the commissioning of Specialised Services and nothing in the Agreement was a divestment or delegation of NHS England’s functions or responsibilities to the CCGs or the Specialised Commissioning Oversight Group.

It was not intended that the Agreement would conflict with any other collaborative arrangements to which NHS England or the CCGs were a party. The main purpose of the Specialised Commissioning Oversight Group was to consider and make non-binding recommendations to NHS England in relation to the commissioning of Specialised Services. NHS England was under no obligation to accept the recommendations of the Specialised Commissioning Oversight Group. Terms of reference for the Specialised Commissioning Oversight Group were included in the agreement.
The Governing Body APPROVED the agreement

**RCCG/GB/15/165 Prime Ministers Challenge Fund Urgent Weekend Working Evaluation**

Mrs. Bailey explained that in October 2013, the Prime Minister announced a new £50 million Challenge Fund to help improve access to general practice and stimulate innovative ways of providing primary care services.

Following application, the CCG were awarded an allocation of £740k during 2014-15. The Rushcliffe Urgent Care Service went live on Saturday January 10th 2015.

Implementing a weekend urgent care service was in response to patient feedback articulated in the Rushcliffe patient survey that asked 66,000 households across the locality their preferences for primary and community care. The service was delivered 8.30am to 12.30pm on Saturdays and Sundays and Bank Holidays from Gamston Medical Centre with a rotating workforce of Rushcliffe GPs, Nurse Practitioners and administrative staff.

It was initially agreed that the pilot would run until the end of March 2015, but due to a later than anticipated start date, and the allocation of further funding of £170,609, the pilot was extended until the end of September.

The CCG’s Clinical Cabinet agreed on 2 July 2015 to extend the pilot a second time until the end of December 2015 to run the service for a full year.

A qualitative and quantitative evaluation of the service which covered the first eight months was presented to the Clinical Cabinet on 1 October 2015. The decision to undertake a mid-point evaluation was to enable timely decisions to be made regarding the continuation of the service and the organisation of the staff rotas for delivery of the service.

The following points were noted:

- service was very popular with patients
- levels of patient activity were modest therefore not financially sustainable
- no evidence of an impact on ED activity
- some non-clinical benefits such as IT functionality, positive culture change, federated and inter-practice working, organisational development and new governance frameworks
- policy directive regarding seven day working awaited

Mr. Blair added that the Patient Cabinet had considered the proposal to pause the service and had accepted the rationale behind it. However, members had been concerned about the service pausing in the winter months and that clear communication messages were sent out to patients.

Mrs. Bramhall suggested a QIA should be completed for the decision to pause to clearly identify the impact.

A discussion took place on the GP workforce and having GPs in A&E or working for the out of hours provider where the relative impact was far greater.

The Governing Body APPROVED a pause in the delivery of the Rushcliffe Urgent Care Service from 1 January 2016.
**RCCG/GB/15/166 Transforming Care – Nottinghamshire Fast Track Site**

Mrs. Seeley, Director of Quality and Delivery (Interim), Nottingham City CCG presented a paper which provided an update to Governing Body on the work that had taken place to improve the care and services available to people with learning disabilities in response to ‘Transforming Care for People with Learning Disabilities – Next Steps’ published in January 2015.

Nottinghamshire was identified as one of six Fast Track sites in June 2015 and the paper detailed the work that would be undertaken to implement the Nottinghamshire Transformation Plan that was submitted in September 2015.

Mrs. Seeley added all seven CCG Governing Bodies were receiving this briefing in order to update them on the size and scale of the work which would ultimately involve major service change. Formal consultation would take place on the new service models which would include having services in place to prevent patients going into hospital and a reduction in in-patient beds.

Mrs. Bailey added that this was a very high profile issue and linked to this was the programme of work to transfer patients who were currently in hospital to more appropriate services. This was reported in the Quality Report and Rushcliffe currently had no patients to transfer.

Mrs. Seeley added that the biggest risk was the workforce to deliver this transformation – both health and social care staff and upskilling families as carers.

The Governing Body agreed to receive highlight reports from the Transforming Care Transformation Board and invite Mrs. Seeley back in six month’s time for a further update.

The Governing Body:

- **NOTED** the information given and the plan for transformation of services for individuals with a learning disability.

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**RCCG/GB/15/167 Principia MCP – Value Proposition**

Dr. Shortt explained that in April 2015 Principia Partners in Health was awarded Multi-speciality Community Provider status with the purpose of providing a better quality of care for the people of Rushcliffe through an innovative, patient-centred, coordinated care delivery system, which was designed to improve the community’s health outcomes, increase clinician and staff satisfaction and at the same time moderate the cost of delivering that care.

In July 2015 the production of a Value Proposition was required to outline the full business case associated with the new model of care, outlining the resources required alongside comprehensive activity and financial modelling to understand the impact of the MCP over the next 3 years.

The Value Proposition was submitted in September 2015 to the New Care Models Programme for consideration and allocation of resources. The Value Proposition outlined the aim and objectives of the MCP and the programme areas the MCP would focus on over the next 3 years to achieve the improvements in health care outcomes outlined.

The Value Proposition outlined the strategy going forward for Primary Care transformation in Rushcliffe...
in conjunction with local stakeholders (providers and commissioners)

In November 2015 the 15/16 plans within the Value Proposition were signed off by New Care Models Programme. This was contingent on further work to develop 16/17 plans and beyond requested for submission by the end of December 2015.

The MCP was successful in being awarded £3.8m funding for this financial year with the possibility of the same level of funding over the next two years if successful in achieving its aims.

In response to a question about capacity to deliver this programme of work, Mrs. Bailey reported that there would be a post to support the Head of Strategy and that much of this work was already within the Service Improvement Team’s portfolio. She added that the governance arrangements were the key issue to work on and that this was the reason the CCG was a vanguard.

The Governing Body would have a strong role in managing conflicts of interest robustly and transparently. To assist with this, an advert had been placed for a GP Independent Advisor to advise the Governing Body as a primary care clinician where the GP members on the Governing Body would be conflicted.

Mr. Blair reported that the Value Proposition had been presented to the Patient Cabinet at its last meeting where it was fully supported.

The next steps were summarised as:

- To develop further the implementation plan to achieve the milestones outlined in the Value Proposition
- To develop the MCP delivery group
- To undertake full modelling of costs and financial savings for 2016/17 and beyond

The Governing Body ACKNOWLEDGED the Principia MCP Value Proposition.

Ms. Turner left at 3-40pm.

RCCG/GB/15/168 South Nottinghamshire CCGs Quality Report Quarter 2 2015/16

Mrs. Bramhall spoke to the Quality Report which provided an update on activity during the period Quarter 2 2015/16. The report also identified any local or national initiatives or developments aimed at improving the quality of services.

The following were highlighted from this report:

- Health Care Associated Infection (HCAI) - Nottingham University Hospitals (NUH) and all three South Nottinghamshire CCGs were currently over trajectory for *Clostridium difficile*. This had reduced during Quarter 3 so was now ranked as amber. NUH had not achieved zero tolerance for Methicillin Resistant Staphylococcus Aureus (MRSA).

- Serious Incidents (SIs) reported to the end of quarter 2 2015/16 - showed that the overall number for Q2 was similar to Q1 but there had been an increase in Pressure Ulcers and reduction in falls, Health Care Acquired Infections (HCAI) and maternity related incidents.
- Transforming Care Programme (the response to the Winterbourne View investigation) included the new requirement for a 10% reduction in inpatient cohort and transfer of a further 10% to a less restrictive setting - the current status for the current South Nottinghamshire funded inpatients (1 NNE, 3 NW and 1 Rushcliffe) with learning disabilities and/or autism in locked rehab and Assessment and Treatment Units was provided.

- An update on care homes of note with identified changes since the last report.

- Retrospective Continuing Health Care (CHC) review completion - showed that all three CCGs were currently behind trajectory for completion by the end of March. Arden GEM (AGEM) CSU had not met the target of 5 cases each month for two months across the three CCGs. Mrs. Bramhall added that she had called the AGEM Director of Nursing to discuss this concern. In response to a question, she explained that retrospective cases were where, for example, a patient had paid for their own care and relatives had put in a request for eligibility following the death of the patient. This was only up to April 2012 and an announcement was expected that retrospective claims could only be made within a 12 month period.

- Details of Quality Visits undertaken to providers during the first two quarters of 2015/16.

- Details of patient experience activity during Quarters 1 and 2 of 2015/16 including complaints, PALS and patient stories.

- An update on CQC inspections and proposed plans for quality monitoring in Primary Care.

- An update on National plans to introduce Nursing and Midwifery Council revalidation from April 2016.

The Quality and Risk Committee agreed at the October 2015 meeting that the following items should be brought to the attention of the Governing Body.

- HCAI position against limits
- Retrospective CHC performance against trajectories

The Governing Body NOTED the South Nottinghamshire CCGs Quality Report Quarter 2 2015/16

RCCG/GB/15/169 Patient Story

Mrs. Bramhall presented a story told from the perspective of a carer whose wife was initially diagnosed with Working Age Dementia. The patient’s diagnosis had subsequently been changed to Frontal Temporal Dementia. The story highlighted the frustrations both patients and their carers experienced in trying to navigate diagnosis, support and services available.

Key issues arising from this story included:

- Lack of cohesive working between organisations and services with patients often being lost within the system
- Information was available but did not seem to be provided in a coordinated and timely way.
- Patients could be left frustrated that services were not made available because they do not know the right questions to ask.
- More courses offering practical advice and support should be offered to carers in locations that were
The following recommendations were made:

- Support the implementation of carer services now being established across South Nottinghamshire.
- The CCG Patient Experience Team should monitor and collate information provided by carers and patients in relation to services provided by the NHS to ensure that carers were able to access information and support in a seamless way.
- CCG to strengthen carers’ section on websites to ensure information was easily accessible.
- The Patient Experience team to ensure information is shared via the “You Said, We Did” report which is distributed widely to raise awareness of services and support available.
- Work with carers to establish if current service provision was sufficient

Dr. Griffiths added that a comment from the GP practice was missing in terms of navigating through the system and ease of accessing services.

Mrs. Bramhall added that there was a CQUIN in place this year with the Healthcare Trust to undertake a carers’ survey and respond to the results of it.

The Carers’ Champion role in each practice was pivotal to improving services for patients and their carers. Mrs. Griffiths added that there was some underspend funding to support the carers work and a paper was going to the Clinical Cabinet.

Mr. Blair asked if this story could go to the Carers’ Group with Marie Smith to present it as the Carers Patient Representative on the Patient Cabinet.

The Governing Body noted the patient story.

RCCG/GB/15/170 2014/15 Serious Incidents Annual Report

Mrs. Bramhall presented this report which provided an analysis of Serious Incidents (SIs) reported by Nottingham University Hospitals NHS Trust (NUH), County Health Partnerships (CHP), Circle Nottingham (CN), Nottingham West (NW), Nottingham North East (NNE) and Rushcliffe Clinical Commissioning Groups (CCGs) via the Department of Health Strategic Executive Information System (STEIS) during the period 1 April 2014 to 31 March 2015. It aimed to provide assurance of the robust system of scrutiny, challenge and shared learning undertaken by the Quality and Patient Safety Team on behalf of Nottingham North East, Nottingham West and Rushcliffe CCGs.

There had been an overall decrease in the total number of Serious Incidents (SIs) reported. Across Nottinghamshire there were 1808 SIs reported of which 481 SIs were related to the providers above. Overall there was a slight reduction for 2014/15 compared with 487 in 2013/14 and 518 in 2012/13.

The main categories of SI reported were pressure ulcers (PUs), falls, healthcare associated infection and maternity incidents. This was consistent with the reporting patterns in the previous year and compared to NHS England data for Nottinghamshire for 14/15.

The report represented a summary of information provided in the quality report throughout the year.

The Quality and Patient Safety Team continued to work with providers to ensure that incidents were reported and investigated and that sufficient action was taken to prevent recurrence by enhancing
learning and systems and processes.

The Governing Body **NOTED** and took assurance from the Serious Incident Annual Report.

**RCCG/GB/15/171 Finance Report**

Mr. Bemrose highlighted the following from his report:

- The CCG had kept expenditure within the Revenue Resource Limit for the period April 2015 to October 2015.
- The CCG was forecasting to deliver the annual QIPP plan by year end.
- The CCG was on target to be within the running cost allowance.
- BPPC situation had improved and provided budget holders continued to ensure invoices were paid promptly, all four BPPC targets should be met by the end of the year.
- There were still a number of risks that the CCG faced:
  - Potential variance against plan at NUH
  - Increased variance against plan at Circle
  - Increased variance against plan for Continuing Care
  - Increased levels of Prescribing expenditure
  - Delivery of the QIPP plan.
  - Risk of increased payments for estate costs.

Mr. Blair asked about using reserves to balance the overall position. Mr. Bemrose responded that this was scrutinised at the Finance and QIPP Group and reviewed at the Clinical Cabinet. Work was ongoing with regard to prescribing and one positive area was the below plan spend at NUH which allowed some flexibility to support other budget areas.

The Governing Body:

- **NOTED** the CCG's financial position for April 2015 to October 2015.
- **APPROVED** the Finance Report for April 2015 to October 2015.

**RCCG/GB/15/172 Draft Financial Plans 2016/17 to 2018/19**

Mr. Bemrose explained that in August, CCGs were notified by NHS England of the requirement to develop 3 year/medium term financial plans which covered the period 2016/17 through to 2018/19. The requirement was accompanied by a set of planning parameters/assumptions. The initial plans for Rushcliffe had been submitted. Mr. Bemrose summarised the key metrics and issues in respect of the financial plan.

At the NHS England Board meeting on 17 December 2015, allocations for the next 5 years would be agreed with three years firm figures plus two further years with the expectation that these would be refreshed. Distance from target was discussed with the three CCGs collectively £12.5m below target recurrently. This presented a significant challenge as CCGs below 5% distance from target would not attract growth funding and would only receive the national uplift of 1.7%. All three CCGs were below 5%.

Mr. Bemrose highlighted the following key risks:

- QIPP at 2.5%, £3.8m for 2016/17; £3.9m for 17/18 and 18/19
- Year on year running costs assumed to reduce by 5% year on year
- 2016/17 to 2018/19 cumulative surplus being 0.90% in line with previously made agreement with NHS England (but counter to planning guidance of 1.00%)

The Governing Body:

- **APPROVED** the position taken on the cumulative surplus, in line with prior agreement with NHS England
- **NOTED** the risks associated with the level of QIPP in 2016/17 through 2018/19
- **NOTED** the risks associated with a year on year running costs reduction of 5%
- **APPROVED** the overall draft medium term financial plan

Dr. Derbyshire left at 4-20pm.

**RCCG/GB/15/173 Quality and Performance Report**

Mr. Hall presented the key messages on performance noting the following indicators out of trajectory:

**CCG**

**Cancer**

Performance for September 2015 highlighted that Rushcliffe CCG was below standard for the following Pathways:

- 62 Day Urgent Referral to Treatment (RTT) (77.50% against a standard of 85%)
- 62 Day Urgent RTT - Screening Service (75.00% against a standard of 90%)
- 31 Day Diagnosis to Treatment (DTT) (92.06% against a standard of 96%)
- 2 Week Wait (90.48% against a standard of 93%)
- 2 Week Wait - Breast Symptoms (89.47% against a standard of 93%)

**Referral to Treatment (RTT)**

Rushcliffe CCG achieved all three standards during September 2015. The following specialties were below standard:

- Admitted - Trauma & Orthopaedics, ENT, Plastic Surgery, Gastroenterology, Cardiology
- Non-Admitted - Trauma & Orthopaedics, Plastic Surgery, General Medicine, Gastroenterology, Cardiology
- Incomplete - No specialties below standard

Mr. Hall added that changes to performance targets as per the recent Sir Bruce Keogh letter would take effect from 1 October 2015 and would be reflected in the next report.

**A&E**

Rushcliffe CCG failed to achieve the A&E standard for September 2015 with performance at 94.09% against a standard of 95%

**NUH**

**Cancer**

The following pathways failed to meet their respective standard during September 2015:

- 62 Day Urgent RTT — 77.39% (standard = 85%)
- 2 Week Wait — 90.04% (standard = 93%)
- 2 Week Wait - Breast Symptoms—90.08% (standard = 93%)
Mr. Hall added that the Trust had re-structured recently and the Deputy Director of Operations was taking a personal interest in cancer targets. The remedial action plan reported that all three missed targets would be achieved by March 2016.

The CCG experienced better cancer performance at Circle and other Trusts therefore overall performance for Rushcliffe patients was better.

**Referral to Treatment (RTT)**

All three RTT standards were achieved at the Trust during September 2015. Some specialties were below standard:
- Admitted - T&O, Cardiology, Other
- Non-Admitted - T&O, Gastroenterology
- Incomplete - No specialties below standard

**A&E**

October 2015 A&E performance was below standard at 86.84%. Mr. Hall added that the TAG meetings had been re-established. All patients with an extended length of stay were being reviewed.

**EMAS**

The Trust was now not achieving the Red 1 and 2 8 minute response target. The CCG’s performance was at 50% (target = 75%). Contractual penalties were being applied as per the standard national contract. There was little assurance from the Trust of any improvements.

The Governing Body **NOTED** the CCG performance against key targets.

Mrs. Griffiths left at 4-30pm.

**RCCC/GB/15/174 CCG Annual Assurance Letter 2014/15**

The CCG Annual Assurance letter from NHS England summarized the assurance meetings which had taken place over 14/15 and provided a synopsis of the improvements and ambitions for future development against the assurance domains.

The Governing Body **NOTED** the CCG Annual Assurance Letter 14/15.

**RCCG/GB/15/175 Assurance Framework**

Mrs. Greenwood explained that the Assurance Framework had been reviewed and updated and showed the latest position at 1 November 2015.

Changes were recommended to existing risks and the inclusion of new risks escalated to the Assurance Framework from the constituent risk registers in line with the Risk Management Policy. These were:
- GB 39 Local Authority Budget Constraints
- GB 40 Home Care Quality Monitoring
- GB 41 QIPP 15/16
- GB 42 Financial Position of local acute provider

Deep dives were being planned for all new risks at the next Audit Committee in January 2016.
The Governing Body:

- **REVIEWED** if any further risks should be added or if any further actions were required to address existing risks
- **APPROVED** the latest iteration of the 2015/16 Assurance Framework

**RCCG/GB/15/176 Annual Audit Letter 2014/15**

Mr. Bemrose reported for completeness that the annual audit letter had been received from KPMG (External Audit) which summarised the key issues which had arisen from the 2014/15 audit for NHS Rushcliffe CCG.

The letter was also intended to communicate the issues which had arisen from the audit of the CCG to external stakeholders, such as members of the public. It had therefore been published on the CCG's website.

A copy of this letter would also be published on the Public Sector Audit Appointment's website at [http://www.psaa.co.uk/audit-reports/annual-audit-letters/](http://www.psaa.co.uk/audit-reports/annual-audit-letters/)

The Governing Body **NOTED** the contents of this letter.

**RCCG/GB/15/177 Audit Committee Minutes 14 September 2015**

The minutes were noted.

**RCCG/GB/15/178 Quality Risk Committee**

i) Minutes 30 July 2015
   ii) Highlight Report 29 October 2015

Both were noted.

Mrs. Bramhall reported that a harm review of missed Cancer targets would be discussed at the NUH Quality Scrutiny Panel in December.

**RCCG/GB/15/179 Clinical Cabinet Minutes 1 October 2015**

The minutes were noted.

**RCCG/GB/15/180 Patient Cabinet Minutes 5 October 2015**

The minutes were noted.

**RCCG/GB/15/181 IGMT Minutes and Highlight Report 25 September 2015**

Both were noted.

**RCCG/GB/15/182 Adults and Children’s Safeguarding Committee**

   i) Minutes 10 July 2015
   ii) Highlight Report 7 September 2015

The minutes were noted.

**RCCG/GB/15/183 Nottinghamshire Safeguarding Adult Board Meeting Highlight Report 8 October**
2015
The minutes were noted.

### RCCG/GB/15/184 Nottinghamshire Safeguarding Children’s Board

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<tbody>
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<td>i)</td>
<td>Minutes 16 March 2015</td>
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<td>ii)</td>
<td>Minutes 22 June 2015</td>
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Both were noted.

### RCCG/GB/15/185 Any Other Business
There was no other business noted.

*Meeting closed at 4-40pm.*

## DATE OF NEXT MEETING
The next meeting is a development meeting and will be held on:
Thursday 17 December 2015 at 1.30pm

**Clumber Room**
**Easthorpe House**
165 Loughborough Road
Ruddington
Nottingham
NG1126LQ

Signed by………………………………… Chair – Mrs. Sheila Hyde

Date …………………………………