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

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Role</th>
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<tbody>
<tr>
<td>Mrs. S Hyde</td>
<td>Lay Member (Vice Chair)</td>
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<tr>
<td>Dr. S. Shortt</td>
<td>GP Chair</td>
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<tr>
<td>Mr. S. Andersen</td>
<td>Head of Finance</td>
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<tr>
<td>Mrs. V. Bailey</td>
<td>Chief Officer</td>
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<tr>
<td>Ms. C. Baria</td>
<td>Service Director, Adult Health and Social Care</td>
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<td>Mr. J. Bemrose</td>
<td>Director of Finance</td>
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<td>Mr. I. Blair</td>
<td>Lay Member</td>
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<tr>
<td>Dr. C. Crocker</td>
<td>Registered Nurse (Director of Quality and Patient Safety)</td>
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<td>Dr. G. Derbyshire</td>
<td>GP from Member Practice and Lead for GB Development</td>
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<td>Mrs. A. Greenwood</td>
<td>Lay Member</td>
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<td>Mr. J. Gribbin</td>
<td>Public Health Consultant</td>
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<td>Dr. J. Griffiths</td>
<td>GP from member Practice and Lead for Health and Wellbeing Board</td>
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<tr>
<td>Mr. A. Hall</td>
<td>Director of Outcomes and Information, South CCGs</td>
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<tr>
<td>Prof. C. Hawkey</td>
<td>Secondary Care Doctor</td>
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<tr>
<td>Dr. C. Rix</td>
<td>Lay Member</td>
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<tr>
<td>Ms. L. Sharp</td>
<td>Head of Governance and Integration</td>
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### RCCG/GB/13/091 Welcome and Introduction

Mrs. Hyde welcomed everyone to the meeting of the Governing Body.

### RCCG/GB/13/092 Apologies for Absence

Apologies were received from Mr. Stephen Andersen and Professor Chris Hawkey.

### RCCG/GB/13/093 Declarations of Interest

Members were reminded to declare any items of interest for agenda discussions. There were no further declarations of interest for this agenda over and above those in the Register of Interests.
**RCCG/GB/13/094 Minutes of the Last Meeting – 15 May 2013**

The minutes of the previous meeting were agreed as a correct record.

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**RCCG/GB/13/095 Matters Arising**

i) **360° Survey**

Mr. Blair reported that he had reviewed the results of last year’s 360° Survey which formed part of the authorisation process, in order to ensure that any action had been followed up. The CCG had received generally good feedback although there were some areas which were less positive or where questions were not answered. Mr. Blair gave two observations:

   a) Small sample size made it difficult to draw any conclusions from the results
   b) Timing of the survey over the summer and in the middle of preparing for authorisation did not help with the quality of some of the responses

Mr. Blair added that there was the possibility that, as part of the ongoing CCG Assurance process, the Area Team could ask to see evidence of progress.

Mrs. Bailey responded that with regard to Member Practice Engagement, EMIAS had recently completed a review for the CCG as part of the Internal Audit work plan, giving significant assurance. She added that for stakeholders this would be repeated next year, one year post authorisation. However, drawing comparisons might be difficult as there would be some different stakeholders. With regards to patient input to the survey, this had been dictated by the authorisation process and had been provided by the Chair of the Patient Cabinet and LINks.

Mrs. Hyde thanked Mr. Blair for this review.

ii) **RCCG/GB/13/070 EMAS Performance**

Mr. Hall reported that work was still ongoing on the Rushcliffe specific data. At present the national contract required recording of the call postcode and not the patient’s home, however improvements to the data quality were being progressed.

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**RCCG/GB/13/080 Finance Report April 2012 – March 2013**

Mr. Bemrose clarified that with regard to the potential over-performance at NUH, the final outcome had been reported and discussed at the June Governing Body Development Session on Finance and therefore it had not been necessary to report it further to the Audit Committee.

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**RCCGB/GB/13/096 Vice Chair and Lay Members Verbal Report**

i) Mrs. Hyde reported that she and Mrs. Greenwood had attended the PWC event – First 100 Days. The event covered challenges for CCGs, topical governance issues and issues about accurate and timely data.

ii) Mr. Blair reported that he had attended the PPI Lay Members Network event for the City and County. Both Healthwatch organisations were represented.

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**RCCG/GB/13/097 Chief Officer’s Report**
Mrs. Bailey spoke to her report:

**Spending Round: Health Settlement 2015-16**
The main headline was the establishment of a new Health and Social Care Integration Fund which would be a pooled budget held by local authorities. The impact of this settlement on CCGs was that a figure equivalent to around 3% of CCG allocations would be transferred to the pooled budget. In Nottinghamshire some of this funding had already been transferred. Further papers would be brought to the Governing Body on this in due course.

**CCG Engagement Events**
A series of events were taking place on the CCG Assurance Framework for 2013/14 and the CCG Development Framework 2013/14. Feedback from CCGs so far had been that this should not be another authorisation process.

**Notification of Enforcement Action Taken by Monitor: Section 110 of the Health and Social Care Act 2012**
Monitor would be required to notify commissioning groups after imposing a discretionary requirement or accepting an enforcement undertaken where known or suspected breaches of a provider licence occurred. The Governing Body received the latest of these letters dated 26 June 2013.

**Approval of Severance Payments**
Guidance had been received on the process for approval of severance payments and the inclusion of wording on whistleblowing in constitutions and contracts of employment. No settlement would be approved by HM Treasury unless confirmation was given that the explicit clause had been included in the compromise agreement associated with the severance transaction. That clause would have to be to the effect that no provision in the compromise agreement sought to prevent the individual from making a protected disclosure under the Public Interest Disclosure Act 1998.

**NUH Prioritisation Panel**
This panel would consider business cases from NUH for the use of new technology or new pathways on behalf of the County CCGs. The Clinical Cabinet had approved Dr. Sean Ottey as the CCG’s representative on this panel.

**NHS Commissioning Assembly**
A Rapid Response Group had been established to provide a rapid CCG perspective on issues of national policy and guidance. In addition, the CCG Development Working Group had met to start discussions on the CCG Development Framework.

**Chairman of Nottingham University Hospitals NHS Trust**
Peter Barrett had decided to step down after seven years as Chairman of NUH with effect from 1 July 2013. Louise Scull, Vice Chair had agreed to be acting Chair until a successor had been appointed. Mrs. Bailey had written to Mr. Barrett on behalf of the Governing Body.

**Nottinghamshire County Council Elections**
The Governing Body noted the changes to roles in key committees in the County Council following the elections in May 2013. Mrs. Hyde asked if the changes would affect the relationships on the Health and Wellbeing Board. Mr. Gribbin responded that each District Council would have a place on the Board strengthening the local voice.
### East Midlands Academic Health Science Network

Rachel Munton, former Director of Nursing at Nottinghamshire Healthcare Trust had been appointed to the post of Managing Director of the newly formed East Midlands Academic Health Science Network – set up to transform health and patient care through innovation and collaborative working across the region.

### Heatwave

This was now at Level 3. CCGs had responsibility for ensuring that services they contract with could cope. A review of how this worked would be undertaken.

### Keogh Report

The report had been published. Two Trusts in the region had been reviewed as part of this report – Sherwood Forest Hospitals NHS Trust and United Lincolnshire Hospitals NHS Trust. Dr. Crocker stated that there were lessons learned for all providers and that the CCGs should seek assurance from their providers that they were already meeting the standards. A development session on quality monitoring day to day would be organised for October 2013.

Dr. Rix reported that a discussion had taken place at the Audit Committee around obtaining assurance on providers where contracts were monitored by co-ordinating commissioners.

The Governing Body NOTED this report.

### RCCG/GB/13/098 Mid-Staffordshire NHS Foundation Trust Public Inquiry – Francis Report

Mrs. Hyde reported that she had been asked to chair the Francis Task and Finish Group on behalf of the South CCGs. The Group had reviewed the recommendations in the report and identified those that were pertinent for CCGs. A framework would be developed with proposals and actions to take forward in the medium/longer term. This was around four key areas:

- Patient voice/engagement
- Commissioner scrutiny and performance
- GP Effectiveness
- Communication

The next meeting of the Group was 10 September 2013.

The Governing Body NOTED this update.

### RCCG/GB/13/099 Patient Story

Dr. Crocker explained that this patient had not made a complaint about the experience she had received. She had attended an Overview and Scrutiny meeting as a patient representative for a CCG project, during which the details of her experience had been described. As a result, this lady had agreed to make a short video giving an account of her experience, in order that it could be used for training purposes and sharing lessons learned.

The story detailed the transfer of a 77 year old lady following major spinal surgery on a cold and snowy day in January 2013 from NUH to Lings Bar Hospital, without adequate clothing or footwear. She was asked to walk to and from the transport car through puddles whilst wearing only stockings on her feet. Once admitted to Lings Bar Hospital, her feet were wet and cold. Following resistance
from staff, she had to insist that her stockings were removed, washed and dried and returned to her and that her feet were dried and warmed. The story highlighted a number of shortcomings:

- No preparation for or communication about discharge
- No understanding about the nature of the operation and the patient’s mobility
- No understanding of what the patient could do for herself
- No regard for the patient’s dignity

Ms. Baria suggested that Healthwatch should be aware of these Patient Stories as they had a proactive role in seeing through the improvements made as a result.

A discussion took place about the capturing of patient feedback and the reluctance of some patients to come forward for a number of reasons. It was necessary to systematically capture the experience of all patients and to feed this back routinely into the contract negotiation process.

The providers responsible for this patient’s care – Nottingham University Hospitals NHS Trust, Arriva Transport Solutions and County Health Partnerships (Nottinghamshire Healthcare NHS Trust) – had responded and apologised.

**However, the Governing Body wished to express the following message to the providers:**

- This series of events was not acceptable
- There would be no tolerance of this and the prospects of it happening to another individual must be eliminated
- Contractual mechanisms would be invoked were it to happen again.
- A full summary of actions each provider had taken must be provided in order to give assurance that the appropriate level of response had been given.
### RCCG/GB/13/100 Quality Report

Dr. Crocker highlighted a number of issues in her report:

| i) Pressure Ulcers – all providers had failed to meet the SHA’s ambition of eradicating all avoidable pressure ulcers by December 2012, although they had reduced by 36% in the last 12 months. NUH and Nottinghamshire Healthcare Trust were making good progress. |
| ii) Winterbourne View – progress against the action plan was presented to the Adult Safeguarding Board. This showed that the CCGs were on track. |
| iii) Savile Enquiry June 2013 – the report outlined actions resulting from the Savile Enquiry. Information had been submitted by all providers in response to the David Nicholson letter; this information had been validated through the Quality Visits and Quality Scrutiny panels; training for GP safeguarding leads now included specific reference to the Savile case; the findings of an audit on considering the voices of children in the provision of care was to be presented to the Nottinghamshire Safeguarding Board. |
| iv) Care homes – a number of homes had failed CQC essential standards; the CCG was working with the local authority and the CGS to improve standards and monitoring processes; Landmere Nursing Home had closed a week earlier than the planned date; EMAS had undertaken a review of calls from care homes – the top three reasons were falls, breathing problems and patient unconscious. Falls accounted for almost a third of all calls in the review period – the CCG was working with the falls specialist to identify further actions. |
| v) Complaints – the Patient Association run project at NUH would undertake two reviews. Anyone wanting to be involved should notify Dr. Crocker. |

In response to a question, Mrs. Bailey reported that she had asked the Area Team for a national view on the Do Not Attempt Resuscitation (DNAR) guidelines.

Dr. Shortt asked for a summary of the findings in the Keogh Report at the next Governing Body and benchmarking of the CCG’s main providers against it.

The Governing Body **NOTED** the report.

### RCCG/GB/13/101 Quality Accounts – summary from commissioners

Dr. Crocker presented the corroborative statements from commissioners on the Quality Accounts for NUH, Nottinghamshire Healthcare Trust, EMAS and Sherwood Forest Hospitals Trust.

Dr. Shortt stated that the way CCGs challenge provider Quality Accounts would be different from that of the PCT. He requested that next year the statements should be stronger; that the CCGs should have final oversight of the comments and although they were collaborative statements from a number of commissioners, that a way was found to reflect individual CCGs’ views which might be very different.

Dr. Crocker added that a set of questions and a commentary was sent to the Trusts also and that this would be brought to the Governing Body next year.

The Governing Body **NOTED** this report.
RCCG/GB/13/102 Quality and Performance Report

Mr. Hall explained that this report provided an overview of corporate performance and CQUIN indicators over the year to date across a range of providers. He highlighted the following key points:

i) Cancer 62 day urgent referral to treatment (RTT) – the CCG was below national standard. An improvement plan was in place to meet the target for July.

ii) 2 week wait (2ww) was also under trajectory but this was often caused by patient choice. The GP leaflet would be re-launched.

iii) RTT – the targets were met overall for all three pathways: Admitted, Non-admitted and Incomplete - though there were some specialties below standard. For Rushcliffe CCG this was: Admitted – Cardiology, Neurosurgery and General Surgery; Non-admitted – Neurosurgery, Gastroenterology and Rheumatology; and Incomplete – Neurosurgery.

iv) A&E Waiting Time target was met in May but was below the 95% standard for the year to date.

v) NHS Safety Thermometer – NUH were below target, areas of underperformance related to falls and pressure ulcers.

vi) MRSA – one case had been reported so this annual target was now not met.

vii) C-Diff – 24 cases so far against an annual target of 74, projections indicated that this target would be missed at year end.

The current level of achievement against the Quality Premium was also summarised:

viii) MRSA infections, Reducing emergency admissions for adults aged over 65 and Category A Red ambulance calls were below target.

ix) The current forecast was £245,416

In response to a question from Dr. Griffiths, Mr. Bemrose reported that the Quality Premium would be added to the general allocation but would not be received until the 13/14 financial year. It was also not clear yet if there would be any conditions attached to this allocation.

The Governing Body NOTED this report.

RCCG/GB/13/103 Finance Report

Mr. Bemrose highlighted a number of points:

i) The CCG had delivered the target planned surplus of £0.5m for the period April to June 2013.

ii) This had included a significant proportion of the CCG’s contingency reserve for 2013-14.

iii) There remained uncertainty about some of the activity and finance data available.

iv) A range of risks existed for the CCG, for example: correct attribution of specialised services; risk sharing arrangements with other CCGs; and some areas such as the Ambulance Service facing service challenges.

v) The financial position would become clearer during Quarter 2. At this stage no further expenditure should be committed.

After some discussion about the recommendations, the Governing Body:

- NOTED the financial position of the CCG for April – June 2013 (Period 3)
• APPROVED the use of contingencies and that no further expenditure should be committed until the financial position became clearer
• RECEIVED the Financial Performance Report for April – June 2013 (Period 3)

RCCG/GB/13/104 Health and Safety Policy
Dr. Crocker reported that the Health and Safety Policy provided a framework for the management of health and safety across the three South CCGs; defined the legal responsibilities of each CCG and clarified the relationship with other partners/tenants. The policy had been approved by the Quality and Risk Committee at its meeting on 24 June 2013.

The Governing Body:
• NOTED the Health and Safety Policy as approved by the Quality and Risk Committee
• NOTED that each Accountable Officer was ultimately legally responsible for health and safety within their own CCG
• NOTED the establishment of the Health and Safety Sub-group to co-ordinate activities necessary to ensure compliance with all legal and statutory requirements

RCCG/GB/13/105 Dementia Action Plan 2013/14
Mrs. Bailey reported that the purpose of the action plan was to highlight the work that the CCG was engaged with to make positive changes to dementia care in Rushcliffe. This work was led by Dr. Nick Page and would be reported regularly to the Governing Body. This work allowed the CCG to be a member of the Dementia Action Alliance.

The Clinical Cabinet had discussed the action plan and approved its submission to the Dementia Action Alliance.


RCCG/GB/13/106 Transfer of East Midlands Specialised Commissioning Group (EMSCG) Policies to CCGS
Mrs. Bailey explained that the CCG needed to formally adopt the policies developed by the EMSCG. When they were reviewed in due course there would be CCG representation via the shared Medicines Management and IFR Teams.

The Governing Body APPROVED the adoption of the policies developed by the EMSCG.
### RCCG/GB/13/107 Amendments to the Constitution

Ms. Sharp stated that NHS England (NHSE) had issued guidance on varying CCG Constitutions and that there were two opportunities each year – June and November. Changes could only be actioned under two circumstances:

- Direction by NHSE
- CCG application to NHSE

The CCG had made an application to vary its Constitution to take account of two issues:

1. Merger of East Leake Medical Group and Soar Valley Surgeries to form one practice – the CCG would now have fifteen practices
2. To include wording to strengthen the Whistleblowing clause as advised by NHSE and following the Francis Report:

“The group recognises and confirms that nothing in or referred to in this Constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the group, any member of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body, or any employee of the group or of any of its member, nor will it affect the rights of any worker (as defined in that Act) under that Act”.

These proposed changes were presented and noted by the Membership Forum on 13 June 2013.

A decision was expected at the end of July/beginning of August 2013.

The Governing Body:

- **NOTED** the amendments to the Constitution submitted for approval to NHS England regarding the merger of East Leake Medical Group and Soar Valley Surgeries; and that the CCG now had fifteen Member Practices

- **AGREED** and **ADOPTED** the revised wording for the Whistleblowing statement in paragraph 8.9 of the Constitution (subject to final approval by NHSE)

The following papers were received for information:

- RCCG/GB/13/108 - Patient Cabinet Minutes – 9 May 2013
- RCCG/GB/13/109 - Clinical Cabinet Minutes – 2 May 2013 and 6 June 2013
- RCCG/GB/13/110 - Quality and Risk Committee Minutes – 18 April 2013
- RCCG/GB/13/111 - IGMT Minutes and Highlight Report – 28 May 2013
- RCCG/GB/13/112 – Collaborative Commissioning Congress – 13 March, 10 April, 8 May 2013
- RCCG/GB/13/113 - Adult Safeguarding Sub-Committee Minutes – 17 June 2013
RCCG/GB/13/114 – City CCG Infection Prevention and Control Annual Report 2012-13
RCCG/GB/13/115 – Public Health Infection and Prevention and Control Annual Report 2012-13
RCCG/GB/13/116 – Safeguarding Children Annual Report 2012-13

RCCG/GB/13/118 Any Other Business

i) Health and Wellbeing Strategy 2014-16 and Substance Misuse Strategy

Mr. Gribbin highlighted that the Nottinghamshire County Public Health would be pleased to receive any comments from NHS Rushcliffe CCG, its patients, Member Practices and other partners in relation to these two consultations.

Details of these were listed on the Council’s website at:

http://www.nottinghamshire.gov.uk/thecouncil/democracy/have-your-say/consultations/

DATE OF NEXT MEETING

The next meeting would be held on:
Thursday 19 September 2013 at 1.30pm
West Park Sports Pavilion
Loughborough Road
West Bridgford
Nottingham
NG2 7JE

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

Date  ........................................