

**EXTRAORDINARY GOVERNING BODY MEETING IN PUBLIC
BOARDROOM, FRANCIS CRICK HOUSE
TUESDAY 16 JUNE 2015**

Present: Dr Darin Seiger (DS) GP Chair
Dr Az Ali (AA) Clinical Executive Director for Acute Trusts (North)
Paul Bevan (PBe) Lay Member Governance
Peter Boylan (PB) Director of Nursing & Quality
Dr. Chris Bunch (CB) Secondary Care Doctor
Dr. Naomi Caldwell (NC) Clinical Executive Director for Primary Care & Localities
Dr. Matthew Davies (MD) Clinical Executive Director for Strategy
Dr. Tom Evans (TE) Clinical Executive Director for Acute Trusts (South)
Christina Edwards (CE) Lay Member - Deputy Governing Body Chair
Kathryn Moody (KM) Director of Contracting & Procurement
James Murray (JM) Interim Chief Finance Officer
Dr Raf Poggi (RaP) Clinical Executive Director for Joint Commissioning &
Community Providers
Stuart Rees (SR) Interim Accountable Officer
Janet Soo-Chung (JSC) Interim Deputy CEO & Director of Strategy &
Primary Care
Kevin Thomas (KT) Lay Member - Governance
Rosemary Yule (RY) Lay Member – Governance

In attendance: Marianne Phillips (MP) Corporate Secretary
Angus Maitland (AM) Healthier Northamptonshire Programme Director
Helen Potton (HP) Interim Chief Operating Officer

1. Welcome and Introductions

DS welcomed those convened to the Governing Body Meeting in Public and in particular NC to her first Governing Body meeting as the newly appointed Clinical Executive Director for Primary Care and Localities.

2. Apologies for Absence

Apologies were received from Roz Horton, Lay Member for Patient and Public Engagement.

Due notice of the meeting had been given in line with the Constitution and the meeting was quorate.

3. Declaration of Interests

There were no declarations of interest made by those present.

4. Top Organisational Risks

PGB-15-57

HP introduced the paper, noting that a number of changes had been made as a result of requests by the Governing Body and Audit & Risk Committee.

The Governing Body discussed the document, noting that due to reporting timescales the Performance report presented a slightly different position in relation to key providers than that shown in the risk document. It was agreed that where a trend is worsening or improving, a simple narrative statement should be included to explain.

ACTION: HP

The absence of a Finance and QIPP report at the meeting was discussed and it was understood that this was due to the NHS practice of not reporting month one figures and that the Finance, QIPP and Contracting Committee would be reviewing month two at the end of June. It was agreed that as the Governing Body only met on a bi-monthly basis, the delay in viewing the figures until August was not acceptable and that in future a flash report or similar would be helpful.

AA joined the meeting at 1.40pm.

In relation to BAF21 the wording should read 'ability of CCG Commissioned Providers' and not 'co-commissioned Providers'. HP will amend.

ACTION: HP

The development of the Primary Care Strategy and the due date of 31.10.15 were discussed and it was noted that this would be the absolute longest timescale and it was envisioned that it should be developed much sooner than this. NC confirmed that work had begun to develop the Strategy and that engagement with Member Practices would start as soon as possible.

5. Minutes of the Previous Meetings

PGB-15-58

The Minutes of the meetings held on 21st April and 19th May 2015 were agreed as an accurate record.

6. Action Log

PGB-15-59

Strategy & Plan documentation to be reviewed to ensure consistency of Vision – This review is ongoing.

Primary Care Co-Commissioning Governance arrangements to be reviewed by Audit & Risk Committee – JM confirmed that this would be undertaken at the July meeting of the Audit & Risk Committee.

GP IT Policy – MD confirmed that the Policy was being completed but that final guidance was awaited from NHS England. Once completed PBe would comment on possible procurement routes and the Policy would be presented to the Primary Care Co-Commissioning Joint Committee.

Enhanced Proactive Care Specification – JSC confirmed that the Locality Chairs were meeting that afternoon to discuss and review the schemes. An update would be brought back to the Governing Body as soon as it was available.

The remaining completed actions were noted.

7. Chair and Accountable Officer's Report

PGB-15-60

DS took the report as read and highlighted the Patient Story which demonstrated that the new wheelchair service was already of benefit; the improvements made in weight management pathways; the commencement of NC as the Clinical Executive Director for Primary Care and Localities; and the re-appointment of DS as GP Chair where he would use his next 4 year term to focus the organisation on delivery.

The Governing Body noted the report.

Standing Items

8. Finance, Quality Innovation Productivity Prevention (QIPP) and Contracts Update

KM updated the Governing Body on the current status of contracts with the three main Providers.

The formal process to enter dispute resolution with Kettering General Hospital had begun due to an unresolved issue relating to the way in which emergency activity and MRET (Marginal Rate Emergency Tariff) would be paid. Despite the unsigned contract, the 14/15 contract had been rolled forward and the Trust would continue to operate under this contract until such time as the matter is resolved. Since the Trust opted for the 14/15 Tariff and many of the 14/15 terms and conditions for the 15/16 tariff, the risks associated with the current status are less.

A contract had been signed with Northampton General Hospital which would be varied depending on the outcome of the review of the MRET baseline and the way in which it is calculated (which was stipulated as a result of the arbitration process undertaken).

KM confirmed that a contract had been signed with Northamptonshire Healthcare Foundation Trust.

JM confirmed that the increase in financial target set by NHS England to a surplus of 1% (instead of 0.5% if we had been able to agree on capitation light contracts with all of our

providers) represented an increase from £3.75m to £7.5m. A process to identify additional savings and QIPP is underway and it will be imperative to ensure the full terms of the PBR (Payment by Results) contracts are adhered to.

The revised financial plan will be presented to the Finance, QIPP and Contracting Committee (FQCC) at the end of June where the risks and mitigations will be discussed. The way in which Finance, QIPP and Contracting is reported to FQCC is changing, with a more integrated approach being taken going forward.

The Governing Body discussed the update and agreed that the Financial Plan should be brought to the Governing Body meeting in August.

ACTION: JM

9. Quality and Performance Report

PGB-15-61

KM updated the Governing Body noting that many of the main causes for concern were the same as seen in previous Performance Reports. The Governing Body's attention was drawn to the Referral To Treatment (RTT) 18 week target at Kettering General Hospital (KGH) where despite the injection of additional funding nationally to assist in the clearance of the backlog at the end of 2014 the number of patients on the list who had waited more than 18 weeks for treatment was still c.1800.

The Trust had provided a recovery plan to the CCG but the trajectory for improvement is unsatisfactorily long. The Quality Committee discussed the issue in depth and, mindful of previous issues with KGH were keen that the Trust be invited to account for the management of the issue to the CCG's Governing Body. Since Corby CCG is the lead commissioner for KGH, SR will discuss the right approach with Carole Dehghani (Accountable Officer, Corby CCG).

ACTION: SR

The Governing Body agreed that it was important to be assured that patients were not being adversely affected by the situation.

The Governing Body discussed the improvement in East Midlands Ambulance Service's (EMAS) performance but noted that the sustainability of this improvement would not be clear until more data had been collated over the coming months. KM did confirm however, that since the substantive appointment of the EMAS CEO, and the regular meetings held between the CCG and EMAS, relationships had significantly improved.

DS requested that non-conveyance rates in relation to NHS 111 were incorporated into the report going forward.

ACTION: KM

TE confirmed that non-conveyance rates were acceptable – sitting at between 44% and 42% on a weekly basis (the target being set at 42%), but that this target would be stretched to ensure improvement is made.

It was noted that the data collated in relation to the Quality Premium was being validated at a national level and KM confirmed that from month one the mitigating actions where the trajectory is not met going forward would be included in the report. **ACTION: KM**

TE provided assurance to the Governing Body that urgent care pressure is being addressed, noting the amalgamation of the North and South Urgent Care Working Groups; the improvement in performance at Northampton General Hospital (NGH) where six days out of seven the Trust had achieved its A&E target, along with achieving its second 100% score for the quarter; and the decrease in performance at KGH where additional support had been provided and learnings from the previous year were being reviewed.

The Governing Body noted the Performance Report.

PB took the Quality Report as read and highlighted the positive reception by the Improvement Board for Children's Services in Northamptonshire to presentations made on the role of the NHS in children's safeguarding; that the Care Quality Commission (CQC) report in relation to children's safeguarding which was undertaken in March is still awaited; and that the report from the CQC inspection of Northampton Healthcare Foundation Trust (NHFT) is also still outstanding. PB has escalated the delay with NHS England in order that they can address it with the CQC.

The CCG met its *Clostridium difficile* target for 2014/15; two distressing domestic homicide reviews had commenced and been reported in local media; and the first report as a result of the Friends and Family Test being undertaken in GP Practices had been received by the Quality Committee the previous week. Whilst the number of responses was poor, the results collated were positive and a problem with uploading the results to NHS England was being addressed. The General Practice Friends & Family report will be brought to the Governing Body three times per year.

ACTION: PB

The level of service received by Public Health was discussed and JSC confirmed that there had been little progress in the discussions relating to the level of resource to be provided under the Memorandum of Understanding. The issue would be discussed with Public Health England and NHS England in order for a satisfactory resolution to be achieved and progress can be made on the memorandum of understanding.

ACTION: JSC

The Governing Body noted the Quality Report.

10. Healthier Northamptonshire Update

PGB-15-62

AM updated the Governing Body noting that the Partner organisations had been discussing the barriers to progress and had met with the regulators to provide assurance on the direction of travel. Under the four focus areas (Urgent Care; Integrated Care Closer to Home; Clinical Collaboration; and Integrated Resource Management) there are 27 tasks to be accelerated over the next two months – some are to get schemes off the ground, others are at implementation stage. Financial clarity had been achieved and SR is reviewing the governance structure to streamline arrangements and remove some of the barriers to progress.

SR thanked AM and the Healthier Northamptonshire Team for the considerable progress made in the past six weeks. SR confirmed that the regulators were satisfied with the plan and the progress made and had delayed their next meeting to allow the Partners time to implement and commence delivery.

The Governing Body discussed the update agreeing that it would be useful to have sight of the document setting out what the Partners had agreed to deliver.

ACTION: SR/AM

It was further agreed that going forward a more formal project report would be required with financial implications included.

ACTION: SR/AM

11. Primary Care and Localities Update

MD and NC explained the early thinking in relation to the Primary Care Strategy. It was agreed that it would be important to make some effective changes quickly to demonstrate the CCG's commitment to helping the transformation of General Practice.

Ideas being discussed include Saturday Flu Vaccination Clinics; setting a local average for activity per 1000 patients per practice in order to ensure a consistency of approach; and dealing with the transfer of secondary care activity to primary care such as post-operative wound care as well as training practice nurses and healthcare assistants to provide the care to ease the pressures within primary care. It was confirmed that whatever ideas are suggested, consultation with Member Practices will be essential. This would be regularly reported to the Governing Body in the standing items.

Items for Discussion / Approval

12. Statutory Financial Documents

PGB-15-63

- **Standing Financial Instructions (SFIs)**
- **Schedule of Matters Delegated to Officers (Scheme of Delegation)**

JM explained that the two documents had been reviewed by the Audit & Risk Committee and were brought to the Governing Body for ratification.

The Governing Body discussed the documents and requested clarification on page 58 in relation to non-pay expenditure; on page 60 opening tenders; on page 61 business cases – the figures being gross and not net; and agreed that number 37 relating to Service Provider Complaints could be removed since it is adequately covered in number 36. JM agreed all of these amendments would be made.

Subject to the above amendments the Governing Body ratified the Standing Financial Instructions and Schedule of Matters Delegated to Officers.

13. Stakeholder Survey

PGB-15-64

SR explained that the results of the Stakeholder Survey had worsened since last year with responses showing that contributors felt less engaged; that their views were not taken on board; and that partnership working needs to be strengthened.

The Governing Body discussed the results and agreed that a strong Primary Care Strategy and Healthier Northamptonshire Master Plan (which will include an engagement plan) would be key to improving engagement. Stronger communication throughout the organisation is essential and NC confirmed that re-engagement with Localities and the Local Medical Committee would be a particular focus now that NC is in post.

14. Primary Care Co-Commissioning Joint Committee Update

PBe updated the Governing Body, noting that the fast pace of change and the lack of available resource and support from NHS England was not ideal and increasing the challenge ahead. JSC confirmed that Julie Lemmy had been appointed as Interim Head of Primary Care and recruitment was underway for the two supporting Band 7 posts in order to accelerate delivery.

15. Strategy for Communication & Engagement of Operational Plan

- **Current Operational Plan Summary**
- **Patient & Public Engagement**

PGB-15-65a

PGB-15-65b

JSC explained that the Plan Summary was provided for information and that the plan for engagement would be used to engage on the Commissioning Intentions for 2016/17. It was agreed that the Organisation's Clinical Leaders would lead on these engagement events.

ACTION: JSC

The Governing Body discussed the documents and DS stated the number of Practices needed to change to 69, along with the wording in relation to the improving Dementia Diagnosis rates.

ACTION: JSC

MD left the meeting.

Whilst engagement events are being scheduled many are slots as part of other events across the County, enabling a wide range of opportunities to obtain the views of the Patients and Public.

The Governing Body were supportive of the plans but requested that care is taken when writing public facing documents in relation to the style of language used – phrases such as ‘engagement architecture’ not necessarily being user friendly.

Items for Ratification

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| 16. Conflict of Interest Policy
The Conflict of Interest Policy was ratified by the Governing Body. | PGB-15-66 |
| 17. Serious Incident Policy
The Serious Incident Policy was ratified by the Governing Body. | PGB-15-67 |
| 18. Look After Children Annual Report 2014-15
The Annual Report was ratified by the Governing Body. | PGB-15-68 |
| 19. Safeguarding Children & Adults Annual Report 2014-15
The Annual Report was ratified by the Governing Body. | PGB-15-69 |

Items for Information and Minutes

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| 20. Annual Report & Accounts 2014/15
The Report was noted. | PGB-15-70 |
| 21. Section 75 Agreement
The Agreement was noted. | PGB-15-71 |
| 22. Board of Directors Minutes
The Minutes were noted. | PGB-15-72 |
| 23. Quality Committee Minutes
The Minutes were noted. | PGB-15-73 |
| 24. Audit & Risk Committee Minutes
The Minutes were noted. | PGB-15-74 |
| 25. Finance, QIPP and Contracting Minutes | PGB-15-75 |

The Minutes were noted.

26. Primary Care Co-Commissioning Joint Committee Minutes

PGB-15-76

The Minutes were noted.

27. Patient Congress Minutes

PGB-15-77

The Minutes were noted.

28. Healthier Northamptonshire Implementation Steering Group Minutes

PGB-15-78

The Minutes were noted.

29. Health & Wellbeing Board Minutes

PGB-15-79

The Minutes were noted.

30. Register of Interests

PGB-15-80

The Register of Interests was noted.

Focus Review

31. Top Organisational Risks – Review

PGB-15-81

SR took the Governing Body through the topics discussed throughout the meeting: capacity and capability; safeguarding; commissioning responsibilities; performance; the master plan; engagement; Healthier Northamptonshire; and statutory duties and it was agreed that all of the risks detailed had been addressed and discussed by the Governing Body.

It was agreed that performance management needs to be a particular focus and more overtly stated in relation to the capacity and capability risk.

ACTION: HP

Any Other Business

There being no further business the meeting closed at 4.15pm.