

PGB-15-72

Board of Directors Minutes

17.03.15

31.03.15

14.04.15

28.04.15

**NHS NENE CLINICAL COMMISSIONING GROUP
BOARD OF DIRECTORS**

**TUESDAY 17 MARCH 2015 AT 8.30 AM
BOARDROOM, FRANCIS CRICK HOUSE**

Present: Ben Gowland (BG) CEO & Accountable Officer (Chair)
Dr Az Ali (AA) Clinical Executive Director for Acute Trusts (North)
Peter Boylan (PB) Director of Nursing & Quality
Janet Soo-Chung (JSC) Interim Deputy CEO & Director of Strategy &
Primary Care
Dr Matthew Davies (MD) Clinical Executive Director for Strategy
Dr Tom Evans (TE) Clinical Executive Director for Acute Trusts (South)
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) Chief Finance Officer

In Attendance: Sarah-Jane Barfoot (SJB) Assistant Corporate Secretary
Wayne Rabin (WR) Communications & Engagement Lead

1. Apologies for Absence

There were no apologies received.

2. Declarations of Interest

There were no declarations of interest made by those present.

3. Minutes of the Previous Meeting

BOD-15-65

The Minutes of the meeting held on 10th March 2015 were approved as an accurate record.

4. Action Log

BOD-15-66

183 Easter Escalation Plan/PLT- Easter- Sarah Salter to provide data to TE to be incorporated into report. TE confirmed the Easter Escalation Plan is ongoing and decision needs to be reached with Locality Chairs.

178 MSK- Q & A document to be sent out via Open Door. Action complete

171 Out of Hours/111 Update- Options appraisal to be brought to the Board of Directors on 31st March.

170 Urgent Care Update- review complete, action closed.

156 End of Life Strategy- KM and JSC to discuss integration into Transformation Plan.

155 Co-Commissioning Submission- Action Plan to be retitled to 'Practical Actions'. JSC to liaise with Davina Merriman in order to pull together a plan. JSC highlighted the importance of sharing information with NHS England and gaining clarity around the changes in their staff and structure. SR confirmed that a request for confirmation regarding their resource had been made last week. JSC to speak to Julie Liburd to produce well herded questions.

150 Wheelchair procurement- Approval from Governing Body given 17/02/15. KM negotiating VAT recovery and will provide a review to the Board of Directors once complete.

148 Daventry & South Northants Future Vision Programme Support- JSC confirmed SR has approved a piece of scoping work.

136 Transforming Community Services for Children & Young People-Meeting scheduled on 23rd May 2015.

5. Urgent Care Update-

BOD-15-67

• Winter Scheme Review SRG Output

TE circulated an update on 2015/16 System Resilience Schemes and provided an overview on the SRG progress towards making recommendations with regard to the 2014/15 System Resilience Schemes.

In relation to the Angela Grace transitional beds, TE asked the Board of Directors to consider the potential next steps. It was recognised by the Board of Directors that the need of beds for Dementia patients is paramount however the investment of 1.3m for the twenty beds provided was not cost effective. The Board of Directors agreed that other options should be explored that would provide better value for money.

MD stressed the importance of reflecting on how previous business cases had been dealt with and the importance of careful communication of the decision.

The Board of Directors agreed to extend the contract for a further three months in order to explore all options. A dedicated team led by RaP will review and report to the Board of Directors during this period. A detailed plan will be produced by the team in order to support the Board in making an informed decision at the end of the three month extension.

TE updated the Board of Directors that the Discharge Control Centre commenced week commencing 9th March 2015. To date four patients with complex needs had been discharged. The Board of Directors highlighted the need for independent external support. SR will ensure Angela Hillary is tasked with ensuring external support is embedded.

ACTION: SR

6. District Nursing Review

BOD-15-68

RaP confirmed that the presentation circulated was delivered to the Integrated Care Closer to Home Board on the 4th March. A similar presentation was brought before the Kettering Locality Group as a tester on the 24th February. The intention is to share throughout the Localities, staff engagement will be conducted closer the implementation.

RaP explained that the majority of District Nurses are working in isolation and that by jointly working with Practice Nurses will have a number of benefits, including reduction of on the day demands. The proposal is expected to work within the current financial envelope.

Involvement of the Locality Chairs in the co-production was agreed as a fundamental step forward and engagement with Localities will be a particular focus going forward.

RaP will work with the Contracting Team to ensure any contracting issues are addressed and will link in with Julie Lemmy to bring together the Local Enhanced Services.

ACTION: RaP

7. Project Status Review

BOD-15-69

- Collaborative Care Team

The paper was taken as read and the current position set out in the paper noted. Whilst each of the Localities had provided proof of concept that detailed their individual model, the implementation process has been slow. This is mainly due to delays in recruitment and the ability of GP Federations to be ready to provide.

The Board of Directors emphasised the need for this project to remain a priority. It was agreed that an engagement piece within the Localities is required to re-iterate the benefits and to regain pace on the implementation and development of the project.

MD will take a lead on engaging with the Localities and JSC will continue to update the Board of Directors with the progress of the project.

ACTION: MD/JSC

8. Brackley Cottage Hospital

BOD-15-70

KM took the paper as read and asked the Board of Directors to discuss the issues and confirm the next steps in relation to Brackley Cottage Hospital.

A number of issues were discussed including the continuing concerns with nurse recruitment; the feedback from NHFT's nursing team that they did not feel the hospital could be staffed effectively in its current form/layout, the previous concerns raised by inspectors about the quality of the building and the uncertainty around PML's financial proposition and ability to achieve CQC registration.

When these issues were considered in the round, it was agreed by the Board of Directors that the notice of the Trustees should be confirmed and that the hospital should be closed at the end of March.

A number of actions were agreed:-

- MD to communicate the decision to South Northants Locality
- KM to communicate the decision to PML and the Board of Trustees
- KM to manage the communications with the Local MP, Council and external stakeholders in conjunction with Wayne Rabin.
- KM to ensure that an exit plan is developed and delivered and remaining patients have plans in place post hospital closure.

It was further agreed that to ensure the continuation of domiciliary care in South Northants, the money currently used to fund the hospital contract should be assigned to the Locality to commission alternative services. This is to be taken forward with the Locality.

ACTION: MD/KM/JSC

9. (Item 10 on agenda) Purdah Overview

WR advised that Pre-election Purdah will begin on 30 March 2015, the same day as the dissolution of Parliament. This time period prevents central and local governments from making announcements about any new or controversial government initiatives which could be seen to be advantageous to any candidates or parties in the forthcoming election. However this does not prevent communicating facts or correcting incorrect statements made by political parties. WR highlighted that although the Communications Team will be closely monitoring external communications and will have a more sensitive approach on communications, primarily it is business as normal.

The Board of Directors questioned how Purdah will affect announcements relating to Brackley Cottage Hospital. WR recommended any announcements should be made earlier rather than later to avoid it being perceived as premeditated. Responses relating to the announcement can be given during the Purdah time period as long as they are based on the facts.

WR informed the Board of Directors that he has drafted a communications protocol that requires approval from the Board. It was agreed this would be added on the agenda for the next Board of Directions meeting.

WR left the meeting.

10. 2015/16 Contracting Update

KM advised that NGH negotiations are ongoing. The NGH Board met and had concerns in relation to managing risks in the capitated contract. Progress is being made but time scales are challenging.

In regards to KGH, there is a £1.2 gap between the offer on the table and the figure KGH require. Currently the three Directors of Finance are on leave so it is expected that a resolution will be reached on their return.

11. Catch up & Discussion

The Board of Directors agreed that time dedicated to discussing the organisations structure and engagement with Localities Chairs was required.

SR will schedule time to hold in depth discussions.

ACTION: SR

Any Other Business

There being no further business the meeting closed at 11.30am.

**NHS NENE CLINICAL COMMISSIONING GROUP
BOARD OF DIRECTORS**

**TUESDAY 31 MARCH 2015 AT 8.30 AM
BOARDROOM, FRANCIS CRICK HOUSE**

Present: Stuart Rees (SR) Interim CEO & Accountable Officer (Chair)
Dr Az Ali (AA) Clinical Executive Director for Acute Trusts (North)
Janet Soo-Chung (JSC) Interim Deputy CEO & Director of Strategy &
Primary Care
Dr Tom Evans (TE) Clinical Executive Director for Acute Trusts (South)
James Murray (JM) Interim Chief Finance Officer
Dr Raf Poggi (RaP) Clinical Executive Director for Joint Commissioning &
Community Providers

In Attendance: Sarah-Jane Barfoot (SJB) Assistant Corporate Secretary
Alison Jameson (AJ) Deputy Director of Quality.
Wayne Rabin (WR) Communications & Engagement Lead

1. Apologies for Absence

Apologies were received from Ben Gowland, Peter Boylan, Dr Matthew Davis and Kathryn Moody.

Due to BG's resignation, SR will be acting Accountable Officer until a substantive appointment is made and will Chair the Board of Directors Meetings. SR expressed his thanks to BG, on behalf of the Board of Directors for seven years of exceptional leadership and wished him luck for the future.

2. Declarations of Interest

The GPs declared an interest in items 9, Out of Hours / 111 Update. It was agreed that they would leave the meeting whilst this item was discussed.

3. Minutes of the Previous Meeting

BOD-15-71

The Minutes of the meeting held on 17th March 2015 were approved as an accurate record.

4. Action Log

BOD-15-72

188 Catch Up & Discussion- Board Time Out has been scheduled for 19th May 2015. Invites have been circulated to Board members. Action complete.

187 Brackley Cottage Hospital- A statement has been drafted and agreed in conjunction with Communications and placed on the Nene CCG website. AJ confirmed all patients have now been safely re-located.

WR advised that a letter from GPs in the South Northants area had been received in relation to the closure of Brackley Cottage Hospital and has been directed to KM for a response. SR asked for a copy of the letter to be sent to himself and JSC.

ACTION: WR

186 Project Status Review- Progress is ongoing, JSC will continue to provide regular updates to the Board of Directors.

185 District Nursing Review- discussions ongoing with Julie Lemmy.

184 Winter Scheme Review SRG Output- Discussions held at Urgent Care Board and next steps agreed.

183 Easter Escalation Plan/PLT - Plan has been completed. A communication piece is required advising of surgeries that will be open.

ACTION: WR

181 Next Steps on Pathfinder- AA to discuss with MD, action plan required.

175 Integrated Community Nursing- RaP to bring before the Locality Chairs Meeting this afternoon. Feedback will be provided at the Board of Directors on 14th April 2015.

177 Finance & Contracting, Finance & QIPP Report- MD will attend Ops Exec in April to discuss the Clinical Collaboration Work Stream.

171 Out of Hours / 111 Update- On agenda

156 End of Life Strategy- JSC to update

155 Co-Commissioning Submission- JSC to update

154 Project Status Report- Collaborative Care Teams- Action Complete. LT will continue to provide a monthly update on project developments.

153 Project Status Report- Collaborative Care Teams- Action to be incorporated into action 154.

151 Evaluation of Care Home Schemes- The Board of Directors agreed the Quality Team would take a lead on the comprehensive evaluation to allow LT to focus on other ongoing projects.

150 Wheelchair Procurement Update- KM to provide an update on 14th April 2015.

5. Draft Media Communications Protocol

BOD-15-73

Following the Purdah presentation at the Board of Directors meeting on 17th March 2015, WR asked the Board of Directors to review, comment and approve the draft media protocol.

WR advised of the importance of having a robust media protocol to improve efficiency and effectiveness and having a protocol in place that everyone understands.

The Board of Directors agreed the principal of the protocol but requested additional information including; a flow chart diagram of individuals and contact details; clarity of the out of hours procedure;

confirmation of who will front media interviews; and assurance of how the same message is relayed and distributed.

WR requested an up to date list of those who have had media training. SR confirmed that a list was in the process of being put together and would be shared with WR once complete.

The updated version will be circulated to the Board of Directors once completed.

ACTION: WR

6. Nene Intranet Business Case

BOD-15-74

The paper was taken as read and WR provided an overview of the costing in relation to the creation and development of the Nene Intranet.

The business case has been submitted to the Workforce Committee, who has reviewed and agreed the case for development. The business case was originally submitted to the Board of Directors in April 2014, since the initial submission the costs have been reviewed and have reduced to £11,425 (ex vat).

The Board of Directors emphasised the importance of keeping the contents up to date and current and questioned who would be responsible for maintaining this. WR advised that each team within the CCG would take ownership of updating their area and the Corporate Services Team would be responsible for uploading the updates.

JM questioned the recurrent costs outlined in the paper and advised that the ongoing costs may be slightly higher than anticipated. It was recommended that the cost in relation to maintenance and licensing be reviewed.

The Board of Directors approved the proposal on the basis that the recurrent costs are reviewed.

ACTION: WR

WR left the meeting

7. Finance Report

BOD-15-75

The report was taken as read and it was noted the report would be taken before the Finance, QIPP and Contracting Committee that afternoon.

JM advised the CCG is still forecasting to achieve the agreed reduced surplus of £0.5m at year end. However risks remain and include funding disputes with NCC (primarily with Public Health) and disputes with NHS property Services.

An invoice has been raised from KGH to Corby CCG in relation to cost pressures resulting from winter 2014/15 schemes. Both Nene and Corby CCGs are reviewing this issue and JM will keep the Board of Directors updated. It was noted that the issue would be discussed in depth at the Finance, QIPP and Contracting Committee that afternoon.

8. Contract Report

BOD-15-76

- **2015/16 Update**

The report was taken as read and contents noted by the Board of Directors.

2015/16 contract discussions with the Trusts are ongoing. The TDA continue to have concerns in relation to managing risk in the capitated contract for NGH. Negotiations with NHFT continue however progress is being made.

In the event that mediation and/or arbitration are required and unsuccessful, the amended contracts will have an impact on the 2015/16 Operation Plan, due to be submitted on the 17th April 2015. It was agreed that the plan would remain unaltered with the addition of a statement 'subject to going discussion'.

ACTION: JSC

The Clinical Executives left the meeting due to their conflict of interest in relation to the next item.

9. Out of Hours / 111 Update

JJ joined the meeting.

JJ discussed with the Board of Directors the various contracting options available to procure the new service. Patient and Stakeholder engagement was discussed and it was agreed that clinical input would be beneficial participating at the patient events.

Support from the GEM and Arden CSU was discussed and it was agreed that this would be imperative going forward.

It was noted that the proposal would be discussed by the Joint Exec to Exec at their meeting on Tuesday 7th April, following which it would be taken to both CCG Governing Bodies. The Governing Body will be asked to delegate responsibility for final sign off due to the timescales involved.

The Clinical Executives re-joined the meeting.

10. Board Evaluation 2014/15

BOD-15-77

The paper was taken as read and SR advised that members of the Board are required to complete and return the evaluation by 7th April 2015. It was agreed that an electronic version of the Board Evaluation would be circulated.

ACTION: SJB

11. Brackley Cottage Hospital

Item was deferred to the next meeting.

Any Other Business

12. Complaints, Freedom of Information and Information Governance

Complaints, Freedom of Information and Information Governance will be transferring in house.

AJ advised that the Complaints Team will join the Quality Team and that the transfer is expected to be finalised by 1st April 2015. IG will also transfer on 1st April, however discussions are ongoing with Freedom of Information therefore the transfer has been delayed.

13. IG Training

SR expressed the importance of Lay Members and GPs completing the mandatory IG training. GPs that have undertaken IG training in line with their Practice, in the last twelve months, should provide a copy of their certificate of completion and will not be required to complete the CCG training.

14. Appraisal Toolkit for GP's

The Board of Directors discussed funding an Appraisal Toolkit for GPs. The LMC have expressed an interest in raising funds toward a combined effort. It was noted by the Board that although it is the provider's responsibility it would improve engagement and strengthen the links between the GP's and the CCG.

15. Vanguard Application- Lakeside Plus

NHS England will lead a fact finding meeting on 20th April 2015. Julie Lemmy will be in attendance on behalf of Nene CCG with relation to the merger of practice or merger lists.

The Board of Directors agreed it would be beneficial for SR and possibly MD to meet with the successful Vanguard applicants to discuss how best the organisation can work together to obtain the best for the population the CCG serve.

ACTION: SR

There being no further business the meeting closed at 10.50am.

**NHS NENE CLINICAL COMMISSIONING GROUP
BOARD OF DIRECTORS**

**TUESDAY 14 APRIL 2015 AT 8.30 AM
BOARDROOM, FRANCIS CRICK HOUSE**

Present: Stuart Rees (SR) Interim CEO & Accountable Officer (Chair)
Janet Soo-Chung (JSC) Interim Deputy CEO & Director of Strategy &
Primary Care
Dr Matthew Davies (MD) Clinical Executive Director for Strategy
Dr Tom Evans (TE) Clinical Executive Director for Acute Trusts (South)
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

In Attendance: Lola Banjoko (LB) Head of Planned Care
Alison Jamson (AJ) Deputy Director of Quality
Marianne Phillips (MP) Corporate Secretary
Louise Tarplee (LT) Senior Locality Manager

1. Apologies for Absence

Apologies were received from Dr Az Ali and Peter Boylan. AJ was attending as deputy for Peter Boylan.

2. Declarations of Interest

The Clinical Executives declared an interest in regard to items 10 and 11 due to their GP roles. However, it was agreed that they would remain in the meeting for the discussions as these would be on a strategic level with no decisions to be made.

3. Minutes of the Previous Meeting

BOD-15-78

The Minutes of the meeting held on 31 March 2015 were agreed as an accurate record.

4. Action Log

BOD-15-79

195 Vanguard Application Lakeside – Meeting with Lakeside and NHS England on 20 April.

193 Contract Report- additional statement to operational plan –JSC confirmed that it had been agreed that the statement would not be added and the Plan was submitted on 7th April 2015. Assurance is awaited from NHSE and until this is received contracts with the main Providers cannot be signed. Closed.

192 Intranet Business Case – It was confirmed that this will be taken forward through the Workforce Committee. Closed.

187 Brackley Cottage Hospital Communications – All appropriate communications have been sent. Closed.

186 CCT Project Status Review – report due to the next meeting.

184 External support for Discharge Control Centre – The DCC is not having the impact needed, NGH have reverted to daily tracking meetings to deal with the current DTOC situation. SR will discuss with Angela Hillery and the CEOs at the Operations Executive on Wednesday.

ACTION: SR

181 Pathfinder – MD updated the Board of Directors noting that a long and short term plan is needed to manage Pathfinder. It was agreed that the Locality Chairs should work on a long term solution and that SR will discuss with Dr Darin Seiger and AA a short term solution which will cover the management until the end of the financial year.

ACTION: MD/SR

177 Clinical Collaboration Workstream – JSC confirmed that the Acutes were working together currently and that progress reports would be received at the ISG until commissioners are brought into discussions. A Planned Care Programme Group for commissioners is being set up and will meet for the first time in May. MD will attend the Operations Executive to discuss the pace of the workstream next week.

ACTION: MD

150 Wheelchair Procurement Update – KM will email an update to all members.

ACTION: KM

148 Daventry & South Northants Future Vision Programme Support – JSC confirmed that a four week piece of work had been signed off. Closed.

136 Transforming Services for Children & Young People – JM confirmed that a schedule is being prepared and will be reviewed once complete.

It was agreed that actions 185 and 175 relating to District and Community Nursing could be merged. RaP confirmed that the internal review undertaken by NHFT would be combined with the ICtH pathways but that the outcome of the review is awaited. The Board of Directors agreed that more pace was required especially due to the links with Urgent Care provision and the impact community nurses would have on the need for ICT. SR noted that a 'master plan' was expected from NHFT within the next four weeks.

Reports & Updates

5. Urgent Care Update

- **NGH Major Internal Incident**
- **GP PLT Data**

TE updated the Board of Directors on Easter performance of both Acutes, noting that on Easter Saturday, Sunday and Monday NGH met the four hour wait target. The SRG had recognised the direct link between the escalation plans such as Practices opening on the Saturday, additional Out of Hours support and the improved performance at NGH. Performance declined in the week following Easter and extra support and daily tracking meetings have been reinstated.

KGH performance fluctuated between 90 and 81% over Easter and NHSE has been asked to provide a breakdown of the Practices which remained open and why this additional support did not have the desired effect.

Going forward plans must be linked with ICcTh work in order to ensure sustainability and a less bed based approach for next winter.

NHSE have informed the CCG that assurance will be required in relation to winter plans by 15th May 2015. Alongside this, there are eight high impact actions which must be implemented. TE took the Board of Directors through the eight actions and the letter containing them will be circulated to all.

ACTION: MP

The Board of Directors discussed and agreed that most of the eight actions were already in place or would be actioned as a result of the ICcTh work. It was agreed therefore that progressing ICcTh at pace should be a high priority.

NHSE have queried the decision to close Practices on PLT days. The data collated shows that A&E performance is directly negatively impacted by PLT and therefore more resilience is required. Three options were discussed: extra GP capacity in A&E (and the cost associated with this); Practices remaining open for on the day demand; or staggering PLT sessions so not all Practices are closed on the same day. TE will take these options to the Locality Chairs meeting for discussion.

ACTION: TE

6. Healthier Northamptonshire Update

In addition to the discussions earlier in the meeting relating to Clinical Collaboration, MD updated the Board of Directors noting that there was a meeting scheduled for the following week to discuss ways to embed ICcTh with Clinical leads across the local health economy. Acute care and ICcTh needs to be inextricably linked and led through the SRGs.

Ways in which to make MDAG more effective are being reviewed such as widening the attendance to include Directors of Nursing and Heads of Therapy and focusing the group on three priorities – ICcTh; Clinical Collaboration; and developing new ways of working and integrated care. There will be a clear work plan and reporting structure developed to ensure MDAG can provide suitable challenge.

The Board of Directors noted the update.

Items for Approval / Recommendation

10. 7 Day Service Action Plan

BOD-15-80

MD explained that in order to deliver seven day services there was a set of 10 standards with which compliance is mandatory.

The Board of Directors discussed the potential impact and risks of seven day working and the high level plan set out. JSC will discuss with MD and Matt Spilsbury how to progress the plans.

ACTION: JSC

LT and LB joined the meeting.

11. Transformation & Engagement of Primary Care

BOD-15-81

The Board of Directors discussed in detail the paper presented and agreed that the approach needs to be amended and re-worded to show actions will reduce on the day demand to enable GPs to have more time in which to do routine admission avoidance work. The approach needs to be simplified and focused clearly on reducing on the day demand and a clear timeframe is required. The allocation of the funds will be against a set of criteria on a capitation basis at Locality and supra Locality level.

MD agreed to discuss with the Locality Chairs that afternoon and bring a proposal back to the next Board of Directors meeting.

ACTION: MD

LB and LT left the meeting.

12. Northamptonshire Prevention Strategy

BOD-15-82

JSC explained that the Strategy had been designed by NCC and comments were welcomed. The Board of Directors discussed the Strategy and agreed that it was unclear how it would fit with the NHS Five Year Forward View; Healthier Northamptonshire; the NCC Health & Wellbeing Strategy; the Fit for the Future Programme or the Community Interest Company NCC set up this month. JSC noted comments and will feed back to NCC.

Any Other Business

13. Structure Going Forward

SR tabled a proposed Directors structure and the changes made were discussed and supported by all present. It was noted that the structure would need to be approved by HR and the Governing Body before it could be tested.

There being no further business the meeting closed at 11.10am.

**NHS NENE CLINICAL COMMISSIONING GROUP
BOARD OF DIRECTORS**

**TUESDAY 28 APRIL 2015 AT 8.30 AM
BOARDROOM, FRANCIS CRICK HOUSE**

Present: Stuart Rees (SR) Interim CEO & Accountable Officer (Chair)
Dr Azhar Ali (AA) Clinical Executive Director for Acute Trusts (North)
Dr Tom Evans (TE) Clinical Executive Director for Acute Trusts (South)
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

In Attendance: Sarah-Jane Barfoot (SJB) Assistant Corporate Secretary
Richard Bailey (RB) Deputy Head of Joint Commissioning
Jane Finch (JF) Locality Support Manager, Northampton Central

1. Apologies for Absence

Apologies were received from Peter Boylan, Matthew Davies and Janet Soo-Chung.

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

2. Declarations of Interest

The Clinical Executives declared an interest in regard to items 9 and 10 due to their GP roles. However, it was agreed that they would remain in the meeting for the discussions as these would be on a strategic level with no decisions to be made.

3. Minutes of the Previous Meeting

BOD-15-83

The Minutes of the meeting held on 14 April 2015 were agreed as an accurate record.

4. CCT Project Status Review (Item 9 on Agenda)

BOD-15-88

JF updated the Board of Directors on the status of the CCTs within in each Locality. It was noted that there has been a variance across the localities in respect of implementation and that it was largely due to recruitment issues, readiness of GP Federations and impact of change of commissioning by a partner.

JF advised that the CCT Steering Group continued to monitor and review the risks and development of the project. The Board of Directors questioned the composition of the Steering Group and raised concern that the membership lacked leadership. RaP agreed to attend future meetings and act as a link between the CCT Steering Group and the ICcTh Board.

ACTION: RaP

The Board of Directors agreed more pace is imperative around the implementation and development of the project. A working plan with clear key milestones was requested.

ACTION: JSC

JF left the meeting.

5. Primecare Procurement Contract Timeline & Process (Item 10 on Agenda)

BOD-15-90

RB joined the meeting.

The Board of Directors discussed in detail the paper presented and noted that links between CCT's and ICcH was needed. The Board of Directors agreed that the Project Board was not adequately supported and required additional senior support. JSC and KM will discuss in detail with RB.

ACTION: JSC/KM

In light of this, the Board of Directors could not approve the proposal of re-procurement of End of Life Domiciliary Services and Care Coordination.

RB left the meeting.

The Board of Directors discussed the ways in which the previous items would be addressed by the Master Plan, currently being worked up.

6. Action Log (Item 4 on agenda)

BOD-15-84

200 Pathfinder- AA and MD to make links with Clinicians and link into GPI App. AA to meet with JM to discuss resource requirements.

The Board of Directors discussed how Pathfinder can be supported administratively and the possibility of it falling within the Quality remit.

197 Urgent Care Update- To be added to the agenda on 12th May 2015.

185/175 District Nursing Review / Integrated Community Nursing -Board of Directors to develop a Master Plan by 1st May 2015.

184 Winter Scheme Review SRG Output- Proposal of external support rejected initially at the Urgent Care Board. To be discussed again later this afternoon.

156 End of Life Strategy- Deferred to the Board of Directors Meeting 12th May 2015.

153 Project Status Report- Collaborative Care Teams- On agenda

151 Evaluation of Care Home Schemes- To be added to agenda for the Board of Directors meeting on 12th May 2015.

150 Wheelchair Procurement Update- Action completed.

136 Transforming Community Services for Children & Young People- JM has scheduled an internal meeting 29th April 2015.

7. Urgent Care Update (Item 5 on the agenda)

- **GP PLT Data**

GP PLT Data was deferred until the next Board of Directors meeting on 12th May 2015.

- **DTOC – DCC Update**

TE updated the Board of Directors on the current DTOC status.

Community Bed Stock and the Councils subsidising of Domiciliary Care needs to be reviewed. Domiciliary Care is currently facilitating discharges but as a result waits for Domiciliary Care are increasing and causing a block in the system. The START Team are taking discharges from the community. There is concern in relation to how the organization are dealing with the impact on a day to day basis and a review of intermediate care is required.

The number of different teams involved in Urgent Care means that ongoing and effective communication is necessary to ensure all relevant partners are aware of action being taken.

In readiness for winter 2015, 4 x 2 packages of care will need reviewing and ambulatory care is over performing significantly.

The Board of Directors noted the update.

8. ICcTh Update (Item 6 on the agenda)

BOD-15-85

RaP took the papers as read and noted that the Health & Wellbeing Workshop and Clinical Meeting had been positive in delivering key messages for the programme. The next steps are to identify key Clinicians from each organisation to ensure ownership and drive into schemes. The communication of what is required from the ICcTh Programme is imperative to enable all involved to clearly understand their role and how it fits into the programme.

TE commended RaP and MD for the successful Health & Wellbeing Workshop.

9. Finance 2014/15 (Item 7 on the agenda)

BOD-15-86

- **Finance Plan**

As a result of the changes to contracts financial risk has increased. The risks associated with the delivery of QIPP are significant.

The winter funding is being finalised as a part of the contracting round. In the interim, KM, JM, AA and TE will meet to discuss potential winter schemes to be funded.

ACTION: TE/AA/JM/KM

10. Contracting (Item 8 on the agenda)

BOD-15-87

- **Contracting Report**

KM advised that contract negotiations with NHFT are likely to be finalised by the end of the day.

Following lengthy discussions with NGH, arbitration cases were jointly submitted to NHS England and the TDA. As a result, the ruling was awarded in favor of the CCG. The costs relating to the formal arbitration process will be split equally between the CCG and NGH. Signing of the contracts is expected to be completed by 1st May 2015.

Discussions with KGH are ongoing due to issues raised by the Trust.

Any Other Business

There being no further business the meeting closed at 10.50am.