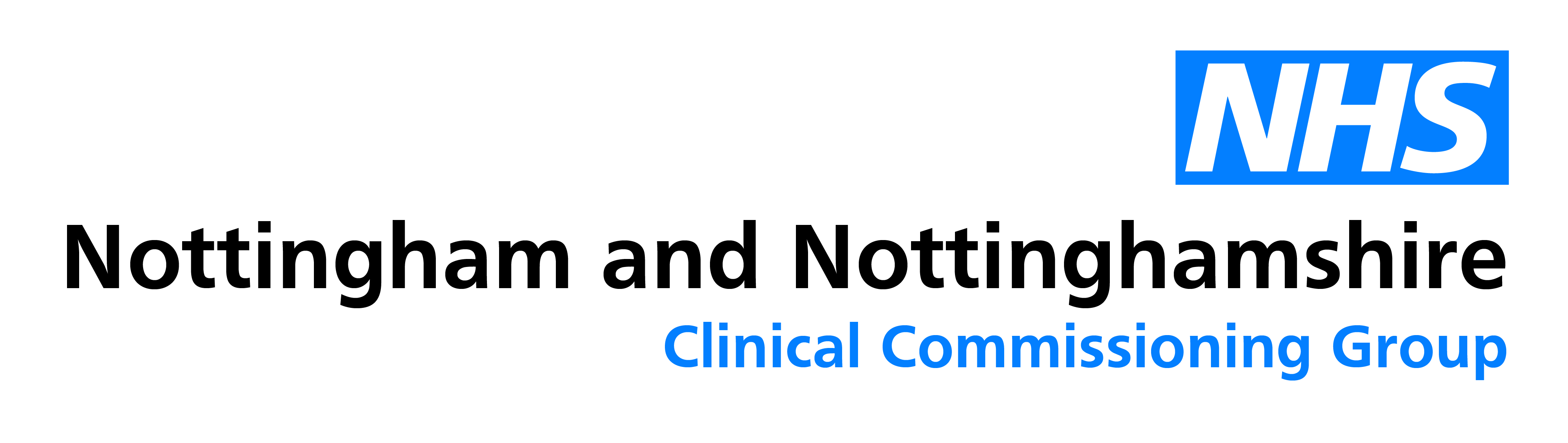
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**Governing Body (open session)**

**RATIFIED minutes of the meeting held on**

08/04/2020, 09:00-10:00

Teleconference

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| **Members present:** | |
| Jon Towler | Non-Executive Director and Chair of the meeting |
| Dr Manik Arora | GP Representative, Nottingham City |
| Shaun Beebe | Non-Executive Director |
| Sue Clague | Non-Executive Director |
| Lucy Dadge | Chief Commissioning Officer |
| Eleri de Gilbert | Non-Executive Director |
| Dr James Hopkinson | Joint Clinical Leader |
| Dr Stephen Shortt | Joint Clinical Leader |
| Dr Richard Stratton | GP Representative, South Nottinghamshire |
| Amanda Sullivan | Accountable Officer |
| Sue Sunderland | Non-Executive Director |
| Rosa Waddingham | Chief Nurse |
| **In attendance:** | |
| Lucy Branson | Associate Director of Governance |
| Sarah Carter | Director of Transition Operations |
| Andrew Morton | Operational Director of Finance |
| Sue Wass | Corporate Governance Officer (minutes) |
| **Apologies:** | |
| Dr Hilary Lovelock | GP Representative, Mid-Nottinghamshire |
| Dr Adedeji Okubadejo | Secondary Care Specialist |
| Stuart Poynor | Chief Finance Officer |
| **Apologies in attendance:** | |
| Alex Ball | Director of Communication and Engagement |
| Alison Challenger | Director of Public Health, Nottingham City |
| Jonathan Gribbin | Director of Public Health, Nottinghamshire County |
| Gary Thompson | Director of Special Projects |

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| **Cumulative Record of Members’ Attendance (2020/21)** | | | | | |
| **Name** | **Possible** | **Actual** | **Name** | **Possible** | **Actual** |
| Dr Manik Arora | 1 | 1 | Stuart Poynor | 1 | 0 |
| Shaun Beebe | 1 | 1 | Dr Stephen Shortt | 1 | 1 |
| Sue Clague | 1 | 1 | Dr Richard Stratton | 1 | 1 |
| Lucy Dadge | 1 | 1 | Amanda Sullivan | 1 | 1 |
| Eleri de Gilbert | 1 | 1 | Sue Sunderland | 1 | 1 |
| Dr James Hopkinson | 1 | 1 | Jon Towler | 1 | 1 |
| Dr Hilary Lovelock | 1 | 0 | Rosa Waddingham | 1 | 1 |
| Dr Adedeji Okubadejo | 1 | 0 |  |  |  |
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| **Introductory Items** | |
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| **GB 20 069** | **Welcome and Apologies** |
|  | Jon Towler welcomed everyone to the open session of the inaugural meeting of NHS Nottingham and Nottinghamshire CCG’s Governing Body. The meeting was being held virtually due to the Covid-19 pandemic. As such, a protocol had been drafted to aid the smooth running of the meeting and all members were requested to follow it.  On behalf of the Governing Body Jon Towler thanked all CCG staff and staff in the wider health system for their hard work during this stressful time.  Apologies were noted as above. |
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| **GB 20 070** | **Confirmation of Quoracy** |
|  | The meeting was declared quorate. |
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| **GB 20 071** | **Declaration of interest for any item on the shared agenda** |
|  | No interests were noted on any item on the agenda. Jon Towler reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting. |
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| **GB 20 072** | **Management of any real or perceived conflicts of interest**  No interests had been declared; therefore this item was not required. |
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| **GB 20 073** | **Shared minutes from the meetings in common of the predecessor CCGs held on 5 March 2020**  The minutes of the meetings held in common on 5 March 2020 were agreed as an accurate record of the discussions held. |
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| **GB 20 074** | **Action log from meetings in common of the predecessor CCGs held on 5 March 2020** |
|  | Three actions were noted as outstanding due to CCG needing to mobilise resource to respond to the Covid-19 pandemic:   * GB 20 032: Amanda Sullivan to lead on arranging a Board to Board meeting between the CCG and Nottinghamshire Healthcare NHS Foundation Trust. There had been agreement to hold the meeting and it would be scheduled as soon as practicable. * GB 20 054: Amanda Sullivan to discuss and agree key delivery priorities for 2020/21 and to bring to the new CCG’s inaugural meeting in April for approval. This would be undertaken at a Governing Body Development Session as soon as practicable. * GB 20 054: Amanda Sullivan to consider using a future development session to invite key leaders from the ICS to discuss how together, as a health system, they could drive forward the delivery of the key priorities. It was agreed to link this to the above action.   All other actions were noted as on-going and would be presented to the June meeting of the Governing Body. |
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| **CCG Establishment** | |
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| **GB 20 076** | **Establishment of NHS Nottingham and Nottinghamshire CCG**  Lucy Branson introduced the report, highlighting the following points:   1. On 1 April 2020, the six Clinical Commissioning Groups in Nottingham and Nottinghamshire had formally merged to become NHS Nottingham and Nottinghamshire CCG. 2. The purpose of the report was to present the Governing Body with the documentation that had established, and would now govern, the new CCG. 3. A number of documents had been appended to the report and each one was noted. 4. NHS England had enacted the Grant of Merger and all asset and staff transfer schemes had been underpinned by a robust due diligence exercise to ensure that the new CCG was fully aware of its assets and liabilities. This exercise had been overseen by the Audit and Governance Committees of the predecessor CCGs and no significant issues or risks had been highlighted as part of this work. 5. The new CCG Constitution had been endorsed by Member Practices and approved by NHS England. 6. A new delegation agreement for the commissioning of primary care medical services had been received. 7. Further work was required on the Governance Handbook to fully incorporate the outcome of the recent governance review and an updated version would be presented at the June Governing Body meeting for approval. 8. All CCG policies had been reviewed and aligned and the Governing Body was requested to adopt them for the new CCG. 9. CCG core values had been developed by the Staff Engagement Group and were enclosed for formal approval and adoption.   The following points were made in discussion:   1. Members agreed that this was a robust governance foundation for the CCG and thanked staff for their hard work. |
|  | The Governing Body:   * **RECEIVED** the Grant of Merger and Property and Staff Transfer Schemes. * **ADOPTED** the CCG’s Constitution, as endorsed by the CCG’s Member Practices and approved by NHS England. * **RECEIVED** the Delegation Agreement for Commissioning of Primary Medical Services. * **APPROVED** the Governance Handbook and support the areas for further enhancement to be re-presented in June 2020. * **ADOPTED** the organisational policies listed at Appendix G. * **APPROVED** the CCG’s core values and behaviours. |
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| **Strategy and Leadership** | |
| **GB 20 077** | **Covid-19 Incident Response Arrangements** |
|  | Sarah Carter introduced the report, highlighting the following points:   1. Since the last informal update to the Governing Body significant progress had been made by the local system to respond to the expected surge in Covid-19 patients. 2. There had been a significant reduction in patients attending emergency departments and GP surgeries. Outpatient consultations were being delivered virtually and the majority of planned surgeries had been deferred. With dedicated Discharge Team support, elective care beds had been emptied in order to expand the number of critical care beds available. 3. Primary Care Networks had developed a Clinical Management Centre approach. 4. The CCG’s staff had been re-organised to support the response. The functions of the Incident Management Centre and its dedicated cells were detailed in the report.   The following points were made in discussion:   1. Members queried whether the CCG was capturing learning from the new working arrangements to analyse whether there was merit in continuing some as ‘business as usual’ arrangements going forward. It was noted that this was being undertaken both within the CCG and at the Integrated Care System level. 2. Members agreed that there needed to be a joined up approach to recovery and requested that appropriate resource and focus was dedicated to it. It was agreed that regular updates would be given in the weekly assurance meetings with the Governing Body; and formal update would be given at the next meeting. 3. Members queried the CCG’s response to the need for greater access to personal protective equipment (PPE). Sarah Carter noted that the supply chain had experienced unprecedented demand. A logistics cell had been established to co-ordinate supplies to care homes and home care. It was noted that supplies had been donated from industry and universities and the local authority had recently received a significant delivery.   The Governing Body:   * **NOTED** the contents of the Covid-19 Incident Response Arrangements report. |
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|  | **ACTION:**   * **Amanda Sullivan to update the Governing Body on a regular basis with the CCG’s plans for recovery post the Covid-19 pandemic, including specific modeling around capturing and preserving desired changes in systems and working practices.** |
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| **GB 20 078** | **Governance Arrangements during the Emergency Response Period** |
|  | Lucy Branson introduced the report, highlighting the following points: |
|  | 1. The report detailed the governance arrangements that would apply during the period of emergency response to the Covid-19 pandemic. It built on the outline proposals that had been informally discussed and agreed by Governing Body members during a teleconference on 20 March 2020 and was now presented for formal approval. 2. The arrangements were designed to ensure the CCG could operate efficiently and effectively during the time of the emergency response. As it was not known how long the emergency response would last, it was noted that these arrangements would be kept under constant review. 3. The approach was consistent with guidance issued by NHS England/Improvement. 4. The delegated financial limits for the purpose of invoice approvals had been amended to ensure the CCG had sufficient resilience to make payments to its suppliers. 5. Key statutory committees would continue to meet on a virtual basis for on-going business critical needs and weekly Non-Executive Director oversight and scrutiny sessions had been established to retrospectively review urgent decisions and to provide a forum for matters that would normally fall within the remit of the Quality and Performance and Finance and Turnaround Committees to be discussed.   The following points were made in discussion:   1. Members queried how the CCG would maintain openness and transparency during this time. It was noted that under the present circumstances it was difficult to hold a meeting in public; however agendas and papers would be posted on the CCG’s website, and the draft minutes of this meeting would be posted at the earliest opportunity. The facility for the public to ask questions of the Governing Body could still be used.   The Governing Body:   * **APPROVED** the proposed governance arrangements during the emergency response period for inclusion within the CCG’s Governance Handbook. * **ENDORSED** the proposal to review these temporary governance arrangements in line with official NHS and Government guidance regarding the Covid-19 pandemic to ensure a transition to ‘business as usual’ governance within an appropriate timeframe. |
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| **GB 20 0079** | **Accountable Officer and Clinical Leaders’ Report** |
|  | Amanda Sullivan gave a verbal update, highlighting the following points:   1. It had been an unexpected start for NHS Nottingham and Nottinghamshire CCG, with a completely revised operating model. However staff had mobilised rapidly to take on changed responsibilities and there had been a rapid roll out of a number of transformational schemes, which could prove beneficial to the health system in the longer term. 2. There had been a positive collaborative response to the pandemic within the local healthcare system and a positive response from the public, who had switched to using self-care, 111 services and community pharmacies to ease the strain on the emergency system. 3. Dr Stephen Shortt noted the hard work of colleagues within Clinical Design Authority and Primary Care Networks (PCN) to respond to issues within primary care, supporting CCG incident cells and mobilising GP practices. At the present time GP practices were able to manage demand using, for example video consultations, with no evidence of worsening outcomes. The PCN model had proven its value in increasing the resilience of primary care. Issues continued to be the anxiety created by lack of Personal Protective Equipment (PPE) and testing.   The following points were made in discussion:   1. Members agreed that the system response to the pandemic had been significant and congratulated the workforce for their hard work. 2. Members noted that the most significant actual and reputational risk for the CCG related to the availability of PPE. 3. It was noted that further thought needed to be given on the need to not to lose focus on the importance of advanced care planning during this time; and it was agreed that Dr Manik Arora and Sarah Carter would discuss this outside of the meeting. 4. Members also noted the need for the CCG to be cognisant of the longer term cyber security issues with the greater use of IT during this emergency period, which was agreed.   The Governing Body:   * **NOTED** the Accountable Officer and Clinical Leaders’ Report |
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|  | **ACTION:**   * **Dr Manik Arora and Sarah Carter to discuss advanced care planning outside of the meeting.** * **Lucy Branson to consider longer term cyber security issues associated with the greater use of IT during the emergency response.** |
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| **Commissioning Developments** | |
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| **GB 20 080** | **Better Care Fund**  Lucy Dadge introduced the report, highlighting the following points: |
|  | 1. The report provided a retrospective review of the delivery of Better Care Fund objectives over the last financial year; and highlighted plans for the forthcoming year. 2. It was noted that since the drafting of the report, plans for this financial year may need to change in response to the Covid-19 pandemic and guidance was awaited.   The Governing Body:   * **NOTED** the Better Care Fund report. |
| **GB 20 081** | **Highlight report from the (virtual) meetings in common of the predecessor CCGs’ Primary Care Commissioning Committees** |
|  | Eleri de Gilbert introduced the report, highlighting the following points:   1. The Nottingham City Primary Care Commissioning Committee had approved the extension of a temporary boundary reduction for Leen View Surgery; and had rejected the application by Deer Park Family Medical Practice to close their list to new patients. It had been agreed that in principle under the current circumstances that list closures would not be encouraged at this time; but that every effort should be made to work with practices to ensure sustainability throughout the Covid-19 response period.   The Governing Body:   * **NOTED** the Highlight report from the (virtual) meetings in common of the predecessor CCGs’ Primary Care Commissioning Committees. |
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| **Financial Stewardship** | |
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| **GB 20 082** | **Financial Report Month Eleven** |
|  | Andrew Morton introduced the report, highlighting the following points:   1. The report detailed the year to date position as at month eleven; the Finance Team was currently closing down month twelve transactions. 2. The month eleven position reported an adverse variance of £1.5 million (0.1%) against plan. There remained a risk associated with the delivery of the forecast outturn position, assessed at £6.5 million (0.4%) which was a slight deterioration from last month. 3. QIPP delivery was forecast to deliver £66.4 million (84.9%) against the £78.2 million plan. This represented an adverse variance of £11.8 million shortfall. Of the £66.4 million delivery, £12.3 million was noted as non-recurrent, which was a key factor in the deterioration of the CCGs’ underlying positions, which would be reflected in the Financial Plan for 2020/21.   The following points were made in discussion:   1. Members queried whether there was a risk in not meeting the 2019/20 financial target and it was noted there was high confidence the target would be met. 2. Members noted the uncertainty surrounding the 2020/21 financial planning process as a result of Covid-19. |
|  | The Governing Body:   * **NOTED** theFinancial Report Month Eleven. |
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| Corporate Assurance | |
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| **GB 20 083** | **Highlight report from the (virtual) meetings in common of the predecessor CCGs’ Audit and Governance Committees 27 March 2020** |
|  | Sue Sunderland introduced the report, highlighting the following points:   1. The Committees had approved the 2020/21 Internal Audit and Counter Fraud Plan on the proviso that the Plan was kept under constant review to ensure it continued to be focused on the CCG’s principal risks and priorities, as under current circumstances the ability to deliver it may be significantly affected by the impact of the Covid-19 pandemic. 2. The timetable for the submission of the Annual Accounts was changing due to the need to prioritise response to the Covid-19 pandemic and national guidance was awaited. |
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|  | The Governing Body:   * **NOTED** theHighlight report from the (virtual) meetings in common of the predecessor CCGs’ Audit and Governance Committees 27 March 2020 |
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| **GB 20 084** | **Corporate Risk Report** |
|  | Lucy Branson introduced the report, highlighting the following points:   1. There were currently fourmajor operational risks in the joint Corporate Risk Register. A new risk (RR122) had been drafted to reflect the reputational and financial risk to the CCG of the Covid-19 pandemic. 2. Risk management was a critical function in the CCG’s Business Continuity Plan and proposals of how the CCG would continue to manage risk were set out in the paper and would be discussed further at the next meeting of the Audit and Governance Committee. 3. The opening Assurance Framework for 2020/21 would be brought to the June meeting of the Governing Body. 4. Rosa Waddingham provided an update on the management of risk RR116, relating Nottinghamshire Healthcare NHS Foundation Trust. Weekly calls continued between the CCG and the Trust’s Quality Lead and the Trust took part in weekly ‘safe today’ calls with all providers to ensure quality and patient safety concerns remained a top priority for all providers. |
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|  | The following points were made in discussion:   1. Members requested that regular risk reports should be brought to the weekly assurance meetings to enable the Non-Executive Directors to have an oversight of the management of risk, which was agreed. |
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|  | The Governing Body:   * **NOTED** Corporate Risk Report |
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|  | **ACTION:**   * **Lucy Branson to timetable regular risk reports to be brought to the Non Executive’s assurance meetings.** |
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| **For Information** | |
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| **GB 20 085** | **Ratified Minutes of previous Governing Bodies' Sub Committees** |
|  | The minutes were **NOTED**. |
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| **Closing Items** | |
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| **GB 20 086** | **Any other business** |
|  | There was no other business |
| **GB 20 087** | **Date of the next meeting**  3 June 2020  venue to be confirmed |