

Governing Body (Open Session)
RATIFIED minutes of the meeting held on
01/06/2022, 09:00-10:50
Teleconference

Members present:

Jon Towler	Non-Executive Director and Chair of the meeting
Dr Manik Arora	GP Representative, Nottingham City
Shaun Beebe	Non-Executive Director
Michael Cawley	Operational Director of Finance (deputising for Stuart Poynor)
Sue Clague	Non-Executive Director
Lucy Dadge	Chief Commissioning Officer
Eleri de Gilbert	Non-Executive Director
Dr James Hopkinson	Joint Clinical Leader
Dr Adedeji Okubadejo	Secondary Care Specialist
Dr Stephen Shortt	Joint Clinical Leader
Amanda Sullivan	Accountable Officer
Sue Sunderland	Non-Executive Director

In attendance:

Alex Ball	Director of Communication and Engagement
Lucy Branson	Associate Director of Governance
Danni Burnett	Deputy Chief Nurse (on behalf of Rosa Waddingham)
Sue Wass	Corporate Governance Officer (minutes)

Apologies:

Stuart Poynor	Chief Finance Officer
Rosa Waddingham	Chief Nurse

Cumulative Record of Members' Attendance (2022)					
Name	Possible	Actual	Name	Possible	Actual
Dr Manik Arora	2	1	Stuart Poynor	2	1
Shaun Beebe	2	2	Dr Stephen Shortt	2	2
Sue Clague	2	2	Amanda Sullivan	2	1
Lucy Dadge	2	2	Sue Sunderland	2	2
Eleri de Gilbert	2	2	Jon Towler	2	2
Dr James Hopkinson	2	2	Rosa Waddingham	2	1
Dr Adedeji Okubadejo	2	2			

Introductory Items

GB 22 024

Welcome and Apologies

Jon Towler welcomed everyone to the open session of NHS Nottingham and Nottinghamshire CCG's Governing Body meeting. The meeting was being held virtually and was being live streamed to allow members of the public access to the discussion.

Apologies were noted as above.

- GB 22 025 Confirmation of Quoracy**
The meeting was declared quorate.
Michael Cawley was deputising for Stuart Poynor and Danni Burnett was in attendance for Rosa Waddingham.
- GB 22 026 Declaration of interest for any item on the shared agenda**
There were no identified conflicts of interest.
- Jon Towler reminded members of their responsibility to highlight any interests should they transpire because of discussions during the meeting.
- GB 22 027 Management of any real or perceived conflicts of interest**
No management action was required.
- GB 22 028 Questions from the Public**
There were no questions.
- GB 22 029 Minutes from the meeting held on 04 April 2022**
The minutes were agreed as an accurate record of the discussions held.
- GB 22 030 Action log from the meeting held on 04 April 2022**
All actions were noted as completed and there were no other matters arising.

Strategy and Leadership

- GB 22 031 Accountable Officer Report**
Amanda Sullivan presented the item and highlighted the following key points:
- a) Rates of Covid infection were falling, with the corresponding number of patients in hospital settings with Covid also falling. The Vaccination Programme continued to be operational, with the Spring booster campaign underway. Planning was being undertaken for the Autumn campaign and guidance on eligibility was awaited from the Joint Committee on Vaccination and Immunisation.
 - b) NHS England had announced a stepping down of the incident level from national (Level 4) to regional (Level 3), signaling a re-focus of resource to recovery, whilst ensuring that capacity remained to re-establish full incident response if required.
 - c) Donna Ockenden had recently been appointed as Chair of a new review of maternity services at Nottingham University Hospitals Trust (NUH). The CCG would continue to work closely with the Trust's newly appointed Chief Executive and with NHS England to ensure that progress was made on the improvements needed to provide safe care to all families on a sustained basis.
 - d) Arrangements were on track for the establishment of the Integrated Care Board (ICB) on 1 July 2022. Appointments to the final positions on the ICB Board were currently being finalised.
 - e) This was the last formal meeting of the CCG. The Nottingham and Nottinghamshire CCG had only been in existence for two years and had faced the most challenging times. Despite this, significant achievements had been made by this CCG and by its predecessor CCGs to focus effort on system collaboration and development, which was a good platform for the further development of system working in the ICB.
 - f) Sincere thanks were given to CCG Governing Body members for their support given and professional challenge to the CCG over the past years.
- The following points were raised in discussion:
- g) Regarding the National Rehabilitation Centre, as referenced in the report, members queried whether plans remained in place for a research facility as well as a

rehabilitation centre. It was noted that university partners continued to work with the Trust, and this remained the aspiration.

The Governing Body:

- **RECEIVED** the Accountable Officer's Report for information.

GB 22 032 Joint Clinical Leaders' Report

Dr Stephen Shortt and Dr James Hopkinson gave a verbal update and highlighted the following key points:

- a) The disestablishment of CCGs effectively brought an end to GP-led organisations; however, there would be no diminished clinical involvement in the ICB. There would continue to be strong involvement, albeit under different arrangements.
- b) Thanks were given to the CCG's non-executives and to the Executive Team for their hard work and support.

The Governing Body:

- **NOTED** the verbal update.

Commissioning Developments

GB 22 033 Primary Care Commissioning Committee Highlight Report – 20 April 2022 and 18 May 2022

Eleri de Gilbert presented the item and highlighted the following key points:

- a) The Committee had received an update on the development of the Primary Care Strategy detailing plans for engagement, communication, and production. The Committee had been disappointed that the final draft had not been ready for consideration prior to disestablishment but welcomed the engagement which was taking place to secure ownership of primary care, public and other stakeholders. This was a key opportunity to create a sustainable primary care sector going forward.

The following points were raised in discussion:

- b) Members sought assurance that ICB strategies would encompass whole pathways; and it was noted that this strategy would support the Integrated Care Strategy, which was a significant piece of work to be completed by the end of the financial year.
- c) Noting the requirement for strategies, members also emphasised the need not to lose momentum during the development phase of the strategies.

The Governing Body:

- **NOTED** the Primary Care Commissioning Committee Highlight Report.

GB 22 034 Patient and Public Engagement Committee (PPEC) Highlight Report – 26 April 2022 and 24 May 2022

Sue Clague presented the item and highlighted the following key points:

- a) PPEC members had received a presentation around the ongoing work around the co-production strategy and had been keen to understand how patient/citizen involvement in this piece of work could be further supported.
- b) Discussing the developing Primary Care Strategy, members noted that more engagement was required to ensure that digitally excluded communities and those who had lost trust in the NHS were heard.
- c) More engagement with ethnic minority groups regarding the Tomorrow's NUH Programme was also requested, following receipt of an engagement report.
- d) Thanks were given to all PPEC members for the significant progress that had been made in raising the importance of the patient voice in service development.

The following points were raised in discussion:

- e) Members sought assurance that the patient voice would not be diminished in the ICB's governance structures. A commitment was given that it would be embedded within ICB structures and work was ongoing to ensure that those pockets of excellent engagement became 'business as usual' throughout the ICB and wider ICS infrastructure.

The Governing Body:

- **NOTED** the Patient and Public Engagement Committee Highlight Report.

Financial Stewardship and Resources

GB 22 035 Finance and Resources Committee Highlight Report – 27 April 2022 and 25 May 2022

Shaun Beebe presented the item and highlighted the following key points:

- a) On behalf of the Committee, Shaun thanked the CCG's Finance Team for their hard work to achieve a break-even financial position for 2021/22, despite significant pressure.
- b) Members had discussed the system's financial position and the need to address the underlying deficit, whilst making significant efficiencies in year, which would be very challenging.

The Governing Body:

- **NOTED** the Finance and Resources Committee Highlight Report.

GB 22 036 2022/23 Financial Report Month One

Michael Cawley presented the item and highlighted the following key points:

- a) The CCG's and the system's financial positions had been discussed in detail at the CCG's final Finance and Resources Committee; and the designate Chair of the ICB's Finance and Performance Committee had joined the meeting to understand the financial plans for the ICB and for the system.
- b) The Committee had noted that the full year plan reported a £6.9 million deficit for Nottingham and Nottinghamshire CCG, and a £7.7 million deficit for the entire ICB, of allowable 'excess' inflation costs, which covered recent increases in energy, fuel, and care costs since the publication of planning guidance.
- c) Since the Committee had met, NHS England had notified that an additional £30 million would be allocated to address inflationary pressures. This meant that the CCG could now report a balanced financial plan. The Governing Body was asked to approve the revised financial plan on this basis. It was noted that this was the same plan as had been discussed at the Committee, simply confirming a gross and net balanced position.
- d) However, there was still significant risk to achieving the plan, with an efficiency requirement of £31.8 million, a proportion of which was yet to be identified. This was a significant challenge in the current climate, with the need to identify recurrent savings on a scale not previously achieved.

The following points were raised in discussion:

- e) Members queried whether the allocation gave a balanced financial position for the system. It was noted that there would still be a deficit for the system and there was still work to be undertaken on the identification of savings.
- f) Members queried whether the allocation was a grant or within the CCG's budget. It was noted that the assumption was this was solely to mitigate inflationary pressures.

The Governing Body:

- **NOTED** the 2022/23 Financial Report Month One.

- **APPROVED** the CCG financial plan covering the CCG period to 30 June 2022 and the subsequent nine-month ICB period to 31 March 2023 as being a balanced plan submission.

Quality and Performance

GB 22 037 **Quality and Performance Committee Highlight Report – 28 April 2022 and 26 May 2022**

Eleri de Gilbert presented the item and highlighted the following key points:

- a) The Committee had received a deep dive review of mental health services. Although progress had been made since the last inspection by the Care Quality Commission (CQC), Nottinghamshire Healthcare NHS Foundation Trust (NHT) remained under enhanced surveillance pending a CQC well led inspection and a report was expected to be published shortly.
- b) An update on services provided by NUH noted concerns relating to the fragility of some services. Whilst there were some improvements evident in maternity services, they were not at the pace and scale required to ensure sustained recovery. The Committee had received the local position regarding the recommendations and Immediate and Essential Actions from the final Ockenden Review of Maternity Services.
- c) The Committee had requested that the CCG's corroborative statements for local providers' Quality Accounts be amended to articulate the risks and challenges to service provision.
- d) The Committee noted that workforce issues, including capacity and well-being, was a thread that was impacting on quality and performance of services across the system.
- e) The CCG's Engagement Annual Report had demonstrated the importance of the patient voice and the impact of engagement activities.

The Governing Body:

- **RECEIVED** and **NOTED** the Quality and Performance Committee Highlight Report.

GB 22 038 **Ockenden Review Final Report 2022: Summary of Findings and the Nottingham and Nottinghamshire Position**

Danni Burnett presented the item and highlighted the following key points:

- a) The report detailed the local oversight arrangements that were in place to oversee maternity services in Nottingham and Nottinghamshire to progress the implementation of the immediate and essential actions within the Ockenden Report.
- b) Following the publication of the interim report in 2020, the Local Maternity and Neonatal System (LMNS) had mapped and monitored progress towards the achievement of the initial seven immediate and essential actions; and going forward, this would include a further eight immediate and essential actions identified in the final report.
- c) Going forward, oversight of this revised plan to include all 15 actions would be led by the LMNS Executive Partnership, reporting into the ICB Board, supported by the system.
- d) Currently Sherwood Forest Hospitals Foundation Trust had achieved compliance with all bar one of the seven actions. NUH had made progress but had only achieved full compliance for one action. Operational challenges in the context of delivering a wider and complex improvement programme across the entire Trust, as well as workforce issues, were detailed.
- e) It was noted that work would continue to drive the implementation of a refreshed plan pending the findings of the Independent Thematic Review.

The following points were raised in discussion:

- f) Members queried whether the focus on the Ockenden immediate and essential actions was driving sustained improvement in the quality of services at NUH. It was noted that NUH was also responding to the actions within its Maternity Improvement Plan, which was wider than the Ockenden immediate and essential actions and the current level of compliance was a realistic assessment of performance.
- g) Members queried whether improvement had been evident in leadership and culture at NUH. It was noted that the recent CQC report had cited improvements in transparency and openness and the Trust's better understanding of the scale of the challenge. The new Chair had overseen the introduction of a Trust-wide compliance unit to create additional capacity to respond to operational pressure. There was less variability in metrics and incident reporting thresholds had improved.

The Governing Body:

- **NOTED** the Ockenden Review Final Report.

GB 22 039

Nursing and Quality Quarter Four Report

Danni Burnett presented the item and highlighted the following key points:

- a) The report had been discussed in detail at the May Quality and Performance Committee meeting.
- b) Overall, the report highlighted that the system continued to face tremendous pressure with high demand for services, high staff absences, and challenges with flow through the health and care system. Work continued to evaluate and describe a system level view of harm in the context of delays in access to care across all settings.
- c) The report detailed the system actions being undertaken to mitigate the number of 12 hour 'decision to admit' breaches.
- d) The steep rise in the number of 'serious incidents' had been largely driven by new criteria to report infection control breaches.
- e) The Long-Term Plan trajectory for reducing reliance on inpatient care for individuals with learning disability and autism had not been achieved for 2021/2022, and recovery actions were in place. However there had been significant improvement in the number of Annual Health Checks completed during quarter four for individuals with learning disabilities and autism.

The Governing Body:

- **NOTED** the Nursing and Quality Quarter Four Report.

GB 22 040

Integrated Performance Report

Michael Cawley presented the item and highlighted the following key points:

- a) The report had been discussed in detail at the May Quality and Performance Committee meeting.
- b) The latest unvalidated data for patients waiting over 104 weeks for treatment was 208 patients. The national target was to reduce this to zero by the end of quarter one 2022/23. The current forecast was for 80 breaches, 52 of which related to capacity, the remaining 28 breaches were patient choice. Weekly meetings with regulators continued to oversee performance.
- c) The volume of two week wait cancer referrals remained high at over 120% of pre-covid levels during quarters three and four 2021/22. The high level of demand and radiology capacity was causing pressure in some services; however, additional clinics and increased levels of diagnostic activity meant all patients were receiving diagnosis within 28 days.
- d) System capacity and flow remained a key area of concern and focus, with the capacity of the home care market continuing to impact on hospital discharge times.
- e) Continuing high levels of sickness rates across mental health teams continued to impact on service recovery, with a corresponding increase in demand, as a result of the pandemic.

The Governing Body:

- **NOTED** the Integrated Performance Report.

Corporate Assurance

GB 22 041 Audit and Governance Committee Highlight Report – 19 May 2022

Sue Sunderland presented the item and highlighted the following key points:

- a) The Committee had received a good level of assurance from several reports, including the CCGs' joint final Due Diligence Report, which was the culmination of a process to ensure the safe transfer of staff and property to the ICB.
- b) The Committee had thanked all CCG teams for their hard work.

The Governing Body:

- **NOTED** the Audit and Governance Committee Highlight Report.

GB 22 042 Corporate Risk Report

Lucy Branson presented the item and highlighted the following key points:

- a) The CCG currently had twelve major operational risks in its Corporate Risk Register. One risk, RR 158, relating to the 2021/22 financial position, had been archived; and one new major risk had been identified, which related to the risk to patient safety following the rise in urgent care activity.
- b) The report detailed the arrangements that had been put in place to capture, assess, and transfer all current 'live' risks to the ICB.

The Governing Body:

- **NOTED** the Corporate Risk Register.

For Information

GB 22 043 Ratified minutes of Governing Body committee meetings

The minutes were **NOTED**.

Closing Items

GB 22 044 Any other business

There was no other business.