

**DRAFT Minutes of the South Norfolk Clinical Commissioning Group Governing Body
Part 1**

1.30pm – 3.30pm

Tuesday 5th November 2013

Cavell & Colman Meeting Rooms, South Norfolk District Council, South Norfolk House, Swan Lane, Long Stratton, Norfolk NR15 2XE

Attendees:

Dr Jon Bryson (Chair)	(JB)	Chair and Governing Body Member
Ann Donkin	(AD)	Chief Officer
Cathal Daly	(CD)	Governing Body Member
Dr Hilary Byrne	(HB)	Governing Body Member
Steve Ham	(SH)	Chief Finance Officer
Kevan Baker	(KBak)	Governing Body Member
Dr Graham Clark	(GC)	Governing Body Member
Sandra Corry	(SC)	Director, Quality and Patient Safety
Susan Ringwood	(SR)	Lay Member (Patient and Public Involvement)
Dr Keeva Rogers	(KR)	Governing Body Member
Anna Bennett	(AB)	Lay Member (Audit and Governance)

In attendance:

Karen Barker	(KBar)	Head of Corporate Affairs
Jocelyn Pike	(JP)	Chief Operating Officer
Laura Brown-Wright	(LBW)	Business Support Manager (minutes)

1.	Chair's Opening Comments and Housekeeping Notes	Action						
	<p>JB welcomed all attendees and members of the public to the public part 1 of the Governing Body meeting of South Norfolk Clinical Commissioning Group (SNCCG).</p> <p>The Chair asked that questions be raised by members of the public at the end of the meeting.</p>							
2.	Apologies for Absence							
	<p>Apologies were received from:</p> <table border="0"> <tr> <td>Dr Nicky Trepte</td> <td>(NT)</td> <td>Governing Body Member (Clinical Lead)</td> </tr> <tr> <td>Dr Duncan Edwards</td> <td>(DE)</td> <td>Governing Body Member</td> </tr> </table>	Dr Nicky Trepte	(NT)	Governing Body Member (Clinical Lead)	Dr Duncan Edwards	(DE)	Governing Body Member	
Dr Nicky Trepte	(NT)	Governing Body Member (Clinical Lead)						
Dr Duncan Edwards	(DE)	Governing Body Member						
3.	Declarations of Interest							
	<p>No new Declarations of Interest were identified at this time. JB reminded all to ensure their Declarations of Interest are up to date.</p>	ALL						
4.	Minutes from Previous Meeting & Actions Arising							
	<p>Page 2, 6.2 should read, March 2015 not Jan 2014.</p> <p>Once to above amendment has been made The South Norfolk Clinical Commissioning Governing Body minutes from 03 September 2013 were approved as a true and accurate record of the</p>							

	meeting.	
5.	Performance and Operations	
5.1	Chief Officers Report	
	<p>AD circulated the paper highlighting the following</p> <p><u>Staff</u> Carlene Norman has temporarily replaced Toby Richmond in Patient Safety and Quality on a short term contract. AD thanked Toby Richmond for all his help and hard work. Amanda Brown has been employed as Deputy Head of Corporate Affairs.</p> <p><u>Authorisation</u> The last authorisation condition has been removed. The outcome from the baseline exercise with regard to specialised services funding allocations was also discussed in terms of its consequential impacts on the CCG's finance.</p> <p><u>Collaboration</u> Relationships are building with South Norfolk District Council, AD & OC met with the council's public health and wellbeing committee. AD thanked South Norfolk District Council for use of the room for this afternoons meeting.</p>	
5.2	Finance Report	
	<p>SH presented the paper confirming the report highlights South Norfolk CCG financial position at the end of month 6 2013/14 and advising of the background of the alignment of funding from the area team. SH confirmed the process to align funding has been completed and after arbitration SNCCG has received £3.0m less funding than had been planned.</p> <p>SNCCG has revised its forecast out turn (FOR) surplus down from £2.3m to £0.9m to accommodate the allocation adjustment arising from the specialised funding shortfall; the anticipated full year acute performance and QIPP delivery.</p> <p>The East Anglia Area Team has requested SNCCG prepare a recovery plan to show how it will return to its planned 1% surplus for 13/14 and to provide assurance that it will be able to deliver a similar surplus in 14/15. The recovery plan will be due to the area team at the beginning of December. SH confirmed the Governing Body will receive the plans at the business seminar scheduled to take place on 03.12.13. SH advised £0.5m is planned to be received to the CCG during November and QIPP is being revised. CHC costs close down may need to be carried to 2014/2015. SH advised in March 2014 a fuller picture regarding CHC will be received and understood which is too late to include in the recovery plan. AD advised the focus of the recovery plan for 2014/15 year due to a letter received am 05.12.13.</p> <p><u>Acute Care</u> Project Domino is currently not showing the anticipated savings. Currently SNCCG are not forecasting to receive any Winter money, SH advised some money has been retained within the reserves. The fines regarding turnaround of ambulance are being withheld.</p>	SH
5.3	Performance Report	
	<p>SH presented the paper confirming the report reflects performance for each national KPI under the NHS constitutional Rights and Pledges. At the end of 2012/13 there were 5 key performance concerns across SNCCG which are monitored within the report.</p> <p>EEAST – the performance report for SNCCG has only recently been received. EEAST is not performing at 75%. SNCCG is working with EEAST to improve and in the next contracting round it is anticipated KPIs will be implemented specific to SNCCG.</p> <p>A & E 4 hour wait – SH advised this has improved however there are concerns on how it has improved and how it continues to do so which is being investigated by business intelligence.</p> <p>Stroke – the stroke monitoring is largely focused on NNUHFT. Work is on-going and CVs have been issued. KR continues to represent SNCCG on the Stroke Network.</p> <p>Referral to Treatment – NNUHFT were in breach of the 18 week target at the end of Q1, however this has now reduced at NNUHFT are compliant.</p>	

	<p>IAPT – recovery rate from NSFT have improved. Norfolk CCGs are working closing with NSFT to improve the access to the IAPT service.</p> <p><u>Monitoring</u></p> <p>SNCCG are monitoring the cancer services wait at NNUHFT and Diagnostic Tests Waits at WSH where an action plan is being formulated.</p> <p>JB advised SNCCG are working to improve the services however, SNCCG specific contractual levers are not in place for this contracting round however, these are being implemented for the 2014/15 contracts.</p> <p>111 – JP advised the data is not the most recent data and having recently attended 111 meetings with more up to date data the 111 service is now meeting their targets. Year to date failing but there has been significant improvements thus monthly 111 is achieving its targets.</p> <p>AB requested assurance on the ambulance turnaround at NNUHFT through the Project Domino. JP confirmed through Project Domino Norfolk CCGs are better prepared. There are 2 elements to the project ‘arrival to handover’ and ‘handover to clear’. The first of which is under the control of NNUHFT. The ‘handover to clear’ is contractually assigned to EEAST to which the performance around the NNUHFT needs to improve.</p>	
6.	Quality and Patient Safety	
6.1	Quality and Patient Safety Report	
	<p>SC advised that contract negotiation with NCHC and other providers for 2014/15 Quality Schedule and CQUINs has now commenced with providers and colleagues across Norfolk.</p> <p>A formal review of Cdif for Norfolk is being lead by Dr M Reache, this review will inform future improvements to continue to reduce CDIF cases in both community and acute settings. The training and development work is progressing well with care homes. Adult and Child Safeguarding national requirements are being reviewed and reflected within all providers 2014/15 contracts.</p> <p>Serious Incidents – there has been a continued increase in pressure ulcers this is partly due to the good reporting rate by community providers as staff become more aware of how to identify a Pressure Ulcer. SNCCG Quality team are leading on a Care homes pressure Ulcer awareness day/event which will take place on the 16th December 2013. The aim of this event is to raise awareness for preventing Pressure Ulcers and it provide the launch of a series of further workshops with Care Homes on Pressure Ulcers.</p> <p>QIRs – these are being monitored closely and more work is underway to ensure full engagement from all users.</p> <p><u>Epilepsy and Diabetes Pathway</u></p> <p>Early work is on-going to ensure full patient and clinical engagement. JB advised SNCCG will be expanding on the pathways and thanked all for current and on-going hard work</p>	
7.	Commissioning Update	
7.1	Commissioning Intentions	
	<p>JP advised on the background on the paper advising Commissioning Intentions fall in to 2 categories, contract negotiation and QIPP.</p> <p>SNCCG Governing Body reviewed the update and approved the Commissioning Intentions for 2014/15</p>	
7.2	Norfolk County Council Budget Consultation	
	<p>JP introduced Chris Coath (CC), Assistant Director Commissioning Out of Hospital Care. CC presented the paper asking how SNCCG would like to respond to the elements highlighting 31, 32 and 33 as the ones that have the highest impact for SNCCG NHS Budgets however, recognising the cost pressures on Norfolk County Council. 32 is of concern as NCH&C deliver this service</p> <p><u>Recommendations</u></p> <p>After discussion SNCCG Governing Body asked for CC to ensure a separate meeting is held with the wider membership to formulate a collective response. The meeting needs to highlight what the</p>	

	implications are for SNCCG. The draft responses are to be circulated for comment. C.C.	
7.3	Redress & Restitution Policy	
	SH presented the paper confirming Mills & Reeve LLP have been instructed to revise the policy and 4 amendments were recommended. After discussion South Norfolk CCG Governing Body approved the revised policy on redress payments.	
7.4	Policy for Non Routine Treatments and Treatment Threshold	
	AD introduced Shamsher Diu (SD), Consultant in Public Health, Norfolk County Council. SD presented the paper confirming there are no significant changes and the changes that have been confirmed are in the patients favour. Further discussion is taking place with regards to the financial implications. After discussion South Norfolk CCG governing Body ratified the NRTTT Policy for use within the CCG.	
7.5	Norfolk & Suffolk Primary Care Research Office 2012/2013 Annual Report	
	AD introduced Tracy Shalom (TS), head of Norfolk and Suffolk Primary Care Research. TS presented the paper advising the paper contains information on the research work managed by the Norfolk and Suffolk Primary and Community Care. TS confirmed NNUHFT is now the lead organisation for local clinical network for the East of England. JB thanked TS and the Research and Development Team for all their hard work.	
8.	Governance Update	
8.1	Board Assurance Framework	
	KBar presented the paper confirming the Audit Committee review all the risks and only the main 'red' risks are presented to the Governing Body. After discussion SH to ensure the finance risk, as per discussion within section 5.2 of these minutes is added to the risk register. SNCCG Governing Body reviewed and noted the Board Assurance Framework.	SH/ KBar
9.	Communications and Involvement	
9.1	Communications and Involvement Update	
	OC presented the paper highlighting the Stakeholder event on 20 th November 2013 and the future consultations with regard to the IAPT service ensuring there is full stakeholder engagement in the reprocurement process. JB confirmed there is more on-going engagement with local councils and thanked OC for all his hard work ensuring this is in place.	
10.	Any Other Business	
	Questions from the Public See appendix 1	
	Date and Time of Next Meeting:	
	Tuesday 14 th January 2014, The Pennoyer Centre, Station Road, Pulham St Mary, Norfolk, IP21 4QT	

Name
Signed on behalf of South Norfolk Clinical Commissioning Group

Signature

Date

DRAFT