NHS
North Kirklees
Clinical Commissioning Group

**Minutes of the NHS North Kirklees CCG Governing Body Meeting held on Wednesday 6th April 2016, 09.00am – 12.45pm at Ravensthorpe Community Centre (Routeways), 24 Garden Street, Ravensthorpe WF13 3AR**

**Present:**

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| David Kelly (DK) | Chair |
| Kiran Bali (KB) | Patient and Public Engagement Lay Member |
| David Fox (DF) | Interim Chief Finance Officer |
| Julie Elliott (JE) | Quality, Performance & Finance Lay Member |
| Nadeem Ghafoor (NG) | GP Member |
| Adnan Jabbar (AJ) | GP Member |
| Khaled Naeem (KN) | GP Member |
| Kath Greaves (KG) | Practice Nurse Member |
| Rachael Kilburn (RK) | Practice Representative |
| Joanne Crewe (JC) | Registered Nurse Member |
| Colin Meredith (CM) | Audit Lay Member |
| Sarah Muckle (SM) | Consultant in Public Health |
| Deborah Turner (DT) | Head of Quality and Safety & Chief Nurse |

**In-attendance:**

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| Juline Brodie (JB) | Governance Manager |
| Helen Severns (HES) | Head of Transformation |
| Jackie Holdich (JH) | Head of Primary Care |
| Siobhan Jones (SJ) | Head of Communications and Engagement |
| Pat Keane (PK) | Chief Operating Officer |
| Helen Shepherd (HShe) | Case Co-ordinator/Childrens Continuing Care Nurse |
| David Melia (DM) | Interim Acting Chief Nurse/Director of Patient and Staff Engagement, MYHT |
| Tom Brailsford (TB) | Joint Commissioning Manager |
| Alan Turner (AT) | Manager, Attain |
| Grace Duthie (GD) | Assistant Quality Manager |

**Apologies:**

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| Richard Parry (RP) | Chief Officer |
| Steve Brennan (SB) | Chief Finance Officer |
| Andrew Cameron (AC) | GP Member |
| Yasar Mahmood (YM) | GP Member |
| Pat Patrice (PP) | Governance & Corporate Affairs Senior Manager |
| Eric Power (EP) | Head of Medicines Management |

**Minutes:**

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| Emma Jones (EJ) | Corporate Governance Administrator |

**NKCCGGB/16/001 Introductions**

The Chair opened the meeting by welcoming all those in attendance and the Governing Body (GB) members introduced themselves.

It was highlighted that this was a meeting in Public not a Public Meeting and questions could be raised by members of the public and would be answered accordingly as indicated on the agenda.

**NKCCGGB/16/002 Declarations of Interest**

GB members were asked to complete a Declaration of Interest Form.

JC declared an interest as an employee of a Trust who provide children's services and may have a potential interest in providing services in agenda item NKCCGGB/16/017 Integrated Commissioning Proposal – Healthy Child Programme 0-19.

CM declared an interest as an employee of a school with students from Kirklees in agenda section 9 Committee Minutes for noting.

All Practice Members declared an interest in agenda items NKCCGGB/16/014 Strategic Discussion – Strategic Business approach to our local health economy, and NKCCGGB/16/16/016 LungHealth Chronic Obstructive Pulmonary Disease (COPD) Guided Consultation Programme as members of practices who are members of the Curo the GP Federation.

**NKCCGGB/16/003 Values and Behaviours**

The Chair drew member's attention to the organisation's values and behaviours in preparation for the meeting.

**NKCCGGB/16/004 Unconfirmed Minutes of NHS North Kirklees CCG (NKCCG) Governing Body Meeting held on 3rd February 2016 and 24th February 2016.**

The Chair advised that wording had been received from KB for inclusion in the Minutes for 3rd February 2016.

**The GB:**

- **Were ASSURED that the minutes of the Governing Body Meeting held on 3rd February 2016 were a true and accurate record with the amendment of typographical errors and the addition of wording under item NKCCGGB/15/135 Public Sector Equality Duty - Report:**
  - "KB commented that as Equality specific duty was one of the CCGs statutory responsibilities, that the following be requested:
    - An action plan, complete with timescales of progress made on the 3 equality objectives so far. These were agreed by the Governing body in 2013.
    - Outcomes of the comprehensive review to ensure that these objectives are still appropriate to drive equality improvement in North Kirklees from 2016.
    - A defined management oversight structure to guide and monitor ongoing progress.
    - An updated position to the Governing body to be provided at an upcoming meeting.

- **Were ASSURED that the minutes of the Governing Body Meeting held on 24th February 2016 were a true and accurate record.**

**NKCCGGB/16/005 Live Action Sheets**

The Action Sheet was NOTED.

NKCCGGB/15/127 Quality and Safety Report (Commissioners Summit)

HES advised that discussion had taken place at the GB Development Session on 24th February 2016 regarding the potential to bring forward Meeting the Challenge and would be discussed further during the GB meeting in closed session.

NKCCGGB/15/131 Kirklees Safeguarding Adult's Board - Annual Report 2014/15

DT advised that identifying a GP lead was being considered under a broader piece of work and feedback would be provided at the next GB meeting.

**NKCCGGB/16/006 Matters Arising**

There were no matters arising.

**NKCCGGB/16/007 Patient Story – WellChild Nurses Supporting Families**

The Governing Body welcomed 'A' to the meeting. DT introduced 'A' and explained that she was a mother to an eight month old baby who'd had a difficult journey through pregnancy, childbirth and beyond. DT highlighted the importance of the link between the patient story on the GB agenda and actual reported incidents and the importance of identifying trends and remembering that there was a real person behind each patient story. The GB were asked to consider the patient story when considering the agenda item on commissioning services for 0-19; and to gain understanding of the long term impacts of an adverse situation. DT also introduced HShe who is a North Kirklees CCG Nurse who commissions individual packages of care for children with complex health needs and provides support to 'A'.

'A' described numerous difficulties she had experienced throughout her pregnancy, the birth of her child and subsequent care and treatment. 'A' described "every day as a fight for survival" as her only rest occurs if her child, who has complex health needs, does not wake during the night. 'A' described specific details of her journey through the healthcare system and the numerous problems and difficulties she had encountered which had resulted in a life changing impact on the care and treatment for both herself and her child. 'A' described the support that HShe had been able to provide and the package of care now in place to support the family.

DK commented that the powerful story flagged a number of issues, not just about pregnancy, but in general around communication and capacity of services. KB thanked 'A' for sharing her story and asked that the GB receive feedback on the issues raised. DK commented that it was important that lessons could be provided back to providers. DT advised she would meet with 'A' to ensure she receives answers to the concerns raised and agree what information is feedback to the GB.

**NKCCGGB/16/008 Mid Yorkshire Hospitals NHS Trust (MYHT) Safe Nurse and Midwife Staffing Levels**

*PK left the meeting.*

DM attended the GB meeting to update members of the progress of MYHT in ensuring the provision of safe staffing levels. This update follows the presentation to the GB on 2nd December 2015.

DM provided an overview of the paper which included figures from January 2016. DM advised that at 2nd April 2016 there had been further improvement to the figures indicating across medical and surgery that the vacancy level had reduced. This had been achieved by a number of recruitment initiatives that were described at the GB meeting on 2nd December 2015 and in the month of March 2016, 31 new registered nurses had jointed the MYHT workforce. MYHT are continuing to look at recruitment for the next 12 months with the recruitment of 40 student nurses who graduate in September 2016. MYHT have been using agency staff called Agency Guardians to support patients with dementia. They have recruited 26 full time equivalents and a recruitment day will be held in April 2016 to recruit a further 20. There are approximately 30 Health Care Assistants in pre-recruitment stage undergoing the necessary checks. In relation to midwifery staffing, a report is received at the MYHT Executive Quality Board and the required ratio was maintained but potentially may change in relation to the national review into midwifery. DT commented that the ratios were tested through CQC inspection.

*PK reentered the meeting.*

DM advised a nurse staffing review was carried out by an external lead across all inpatient wards to ensure safe staffing levels and highlighted that it was done with full involvement of ward teams and ward managers. Areas for monitoring are around patient harm, patient experience, and staff experience. It was noted that MYHT had received a less favourable staff survey result.

PK queried if there was anything more that could be done across the system to support the MYHT in recruitment. DM commented that it was important to note that as a system that we are not yet entirely sure what sort of workforce we could have to further assist patients in their own homes. Recruitment events will be held around community staff and there was potential in the future for funding that as an organisation and they may be able to commission their own training places. DT commented that it is linked into Health Education England and as commissioners we need to look at how we can assist the Associate Nurse role. DM commented that the first cohort of Associate Nurse students start in September 2016 at Leeds Beckett University.

AJ asked for confirmation that the MYHT budget had not decreased in accordance with the vacancy rates. DM confirmed that the budget for full time nurses remained the same and that any changes from the nursing review had not been factored into that. The nursing review would change some of the skill mix to increase the skill across the workforce.

KN asked for information on the level of agency staff used. DM advised they report weekly to NHS England and there has been an improvement on costs and the number of staff used.

JH queried what initiatives were in place for retention of staff and with other organisations to assist with recruitment. DM commented that there have been conversations around joint recruitment initiatives and rotational posts across the community and acute service to give staff a better experience over the first 12-18 months of their career. The recruitment process was a big factor and there is a project called "fresh eyes" to meet with staff after first three months and discuss their recruitment process and experience. A clinical skills team is now in place which was well received. DM highlighted there would be a free Nursing & Midwifery Conference on 18th May 2016 open to any organisation to attend as a starting point of organisations working together.

KB queried the impact of the overarching staff engagement initiative on staff retention and wellbeing. DM advised a new Head of Occupational Health had started and additional funding had been agreed to support two initiatives around staff physiotherapy and mental health practitioner. Stress and musculoskeletal injuries were identified from the staff survey as the highest reasons for staff sickness.

DT commented that conversations were held at the MYHT Executive Quality Board around safe levels of care. DM commented that risk assessments take place three times a day of staff areas to understanding if they are at the required staffing level to meet the needs of patients. This is an agreed process with the CQC and staff are actively moved to mitigate harm to patients. The safety thermometer has identified that MYHT have provided harm free care overall. Issues around patient experience are equally important that we learn from complaints, experience and direct nursing time.

**The GB**

- **RECEIVED the assurance paper on the current inpatient ward staffing position at MYHT.**

**NKCCGGB/16/009 Quality and Safety Report**

DT presented the Quality and Safety Report which was scrutinised and discussed in detail at the Quality, Performance and Finance Committee (QPFC) on 16th December 2015 and 20th January 2016, excluding the MYHT staff survey which was touched on by DM and neurology. A neurology update would be provided at the next QPFC meeting.

DT commented that it was recognised that there had been a shift and some of the consultants want to be more engaged with the tertiary hospitals and that may lead to a better service for patients. Some of the consultants leaving MYHT would be providing an outreach service. DK commented that there were a large number of neurology consultants leaving MYHT and MYHT are working with Leeds Teaching Hospital NHS Trust to place a satellite consultant in the system. PK commented that the key issues are around safety and management of that on top of that in reviewing caseloads. There is a change in the direction of the service within the trusts which give an opportunity to review the workforce of specialist services.

DK queried if primary care had been advised in relation to neurology referrals. PK advised communication had been sent out via Wakefield CCG. KN queried if there was not capacity to meet the demand if patients should be referred elsewhere. DT commented that it was important that it was communication to patients so that they can make an informed choice.

**ACTION – PK/DT to review the communication sent to primary care.**

NG commented that he was receiving requests from patients to follow their current consultant to Leeds which would be on a new tariff. DF commented that the matter would be included within the contract negotiations with MYHT. DK commented that he was aware that MYHT were reviewing patients for suitability to discharge rather than moving them to Leeds.

DT advised that the QPFC were not assured of the MYHT staffing position but were assured that there were actions in place and it was on the Risk Register. NG commented that it would be useful if community providers could give a presentation on staffing levels based on locality. DT advised that workforce data is received through Quality Boards and would come through the CCGs current governance processes or a joint board to board meeting if needed.

DT advised in relation to the Single Point of Contact service that checks had continued and identified an improved condition with the majority of calls answered in accordance with the Key Performance Indicator.

JH sought further information on the Mid Yorkshire Cancer Peer Review. DT advised that the Cancer Peer Review team focused on unknown primaries and they found no immediate concerns to patient care however they identified four areas that were of significant concern. Some of the issues were around attendance at team meetings which were due to virtual attendees not being recorded within documentation. In terms of the four areas of significant concern, they felt all the issues were within their own domain and confident they could resolve them fairly quickly. An action plan is in place and will come through the MYHT Executive Quality Board.

JC commented in relation to the learning from mistakes league, the report was helpful but couldn't be read in isolation as it was dependent on other factors. The report highlighted staff confidence and security in reporting unsafe clinical practice, JC queried if this was an area identified in the MYHT Staff Survey. DT commented that the national learning on reporting systems did not identify MYHT as having a poor reporting culture and assurance is also received through other mechanisms.

**The GB**

- **RECEIVED and NOTED the contents of the Quality and Safety Report.**
- **Were satisfied that the paper provided ASSURANCE.**

**NKCCGGB/16/010 Chair and Chief Officer's Report**

The Chair presented the paper and advised that details of future GB meetings would no longer be advertised in the newspaper. Details would continue to be available on the North Kirklees CCG website, Twitter, and by contacting the office directly.

JB advised that the CCG were about to place an advert for the recruitment for the Governing Body Lay Member for Patient and Public Engagement as the tenure was due to expire.

**The GB:**

- **RECEIVED and NOTED the contents of the Chair and Chief Officer's Report for information.**

**NKCCGGB/16/011 Performance Report**

DF presented the North Kirklees CCG's performance report for the reporting period for December 2015. The Performance Report highlighted areas of escalation recommended by the Quality, Performance and Finance Committee (QPFC) on 17th February 2016 and 16th March 2016.

DF noted that performance continues to deteriorate in a number of key areas which is a major concern. This deterioration also put at risk the Quality Premium payment. The poor level of performance centres around MYHT which would be taken into account in contract negotiations focusing on performance and penalties for non-achievement. NHS England are aware of the CCG's concern and have supported the approach and actions taken.

The GBs attention was drawn to the sections covering the key NHS Constitution Standards:

- A&E 4 hour wait.
- 18 weeks referral to treatment (RTT).
- Ambulance response times.

JE welcomed the emphasis on the impact to contract negotiations for 2016/17 and commented that it was important that the CCG take forward the implications. DF advised weekly meetings were being held with MYHT with a view to agree a contract at headline level by 18th April 2016, however conversations are needed around performance. Capacity plans from MYHT have been reviewed and adjusted for known overcharges from previous years and the QIPP challenge. Historically a level of funding was provided to MYHT for legacy and transformation. Under the planning guidelines from NHS England the CCG have had to provide 1% as an unallocated reserve. This 1% equates to the same amount previously provided to MYHT and we have advised MYHT that we do not have the funding available for legacy and transformation unless NHS England are happy to release those funds, however that would be a national decision.

PK commented that in relation to admitted and non-admitted patients one of the conversations taking place was around the number of patients, workforce, and pathways. The challenged specialties have been identified and different conversations are taking place as a system to address this. Some of the discussion is around MYHT pathways and working together across the system to assist those pathways and balance demand and capacity. DF commented that part of the contract discussion and negotiation was about who is responsible for what but the complete pathway needs review by clinicians.

NG commented that normally we look at making the system safe, effective and viable, putting services first. Working within a financial envelope you look at what services a supplier could provide, identifying what work streams need review and then a lead time to develop alternative pathways which could take six months. DF commented that part of the process was about trying to do a catch up from the past which was a challenge but also centre around QIPP plans and how they are embedded in the system which is why clinical engagement is needed. NG commented that there would be a greater level of impact if the focus was on specific areas such as urgent care. DK commented that it was why the capacity plan was a starting point.

JC queried if the right level of detail around the capacity plan had been received from MYHT. DF commented that he had not reviewed all the detail of the capacity plan but shared the view around the quality of data and that the CCG need to be comfortable with the capacity that we are going to commission. That detailed data would be requested for assurance. DT queried if it would be helpful to circulate the capacity plan to clinicians for their view. DK commented that if GB members would like to be involved to contact DF. JE commented that a reconciliation of finance and capacity had been requested for the QPFC meeting on 20th April 2016 and the QPFC would be expecting some significant assurance.

KB requested further information on the Antenatal Care Newborn and Infant Physical Examination (NIPE) implementation.

**ACTION: DF to provide further information on the Antenatal Care NIPE implementation.**

JC requested further information on the Reablement/Rehabilitation Services in relation to the End of Life pathway.

**ACTION: DF to provide further information on the Reablement/Rehabilitation Services in relation to the End of Life pathway.**

JC requested further information in relation to the quality premium payment. DF advised that due to under performance by MYHT it had put the level of quality premium payment at high risk. JC requested that details be provided to the QPFC.

**ACTION: DF to provide information on Quality Premium payment to the QPFC meeting on 20th April 2016.**

**THE GB:**

- **NOTED the North Kirklees CCG performance report for the reporting period December 2015, against the key outcomes and measures for 2015/16.**
- **NOTED the items escalated by the Quality, Performance and Finance Committee on 17th February 2016 and 16th March 2016.**
- **APPROVED the action being taken to address areas of under/over performance.**

**NKCCGGB/16/012 Finance and Contracting Report**

DF advised the paper had been presented to the Quality, Performance and Finance Committee on 16th March 2016 and Audit Committee on 24th March 2016 and he believed the £3.7M forecast outturn would be met which had been achieved by building in a number of financial mitigations. The financial year end position with MYHT had been agreed. Actions have been taken to control the QIPP under delivery in Prescribing and Continuing Healthcare.

DF passed on his thanks to Helen Shallow, Head of Finance & Contracting and the Finance team.

**The GB:**

- **Were ASSURED that the CCG has identified risks to the delivery of the financial position and has identified mitigations and actions to offset these for 2015/16.**
- **SUPPORTED the ongoing work to address the identified risks.**

**NKCCGGB/16/013 Finance Plan 2016/17 to NHS England and Internal North Kirklees Budget Plan**

DF advised that the Finance Plan and Internal Budget for 2016/17 were approved by the Quality, Performance and Finance Committee (QPFC) with an update to come to the next Audit Committee meeting. In order for the trading position to break even in 2016/17 some adjustments were agreed with NHS England across the activity levels to reduce the amount of QIPP in the Finance Plan. A stretched budget needs to in place to recognise pressure adjustments to increase activity levels such as a 6% increase in Continuing Healthcare. Having made those adjustments it gives the CCG a challenge of achieving £13.2M QIPP. It was noted that it was important to work to the internal stretched budget to start to future proof the business. NHS England have endorsed this approach. JE commented that the QPFC discussed the Finance Plan and Internal Budget in detail on 16th March 2016 and that transparency around the plan and budget was helpful.

CM asked for clarification as to whether the Senior Management Team (SMT) had started to consider how those approaches would be monitored and what committees they would be reported through. DF advised it was discussed at a GB Development Session and that it was important that the CCG takes a more commercial view to business with clinical responsibility and engagement against each QIPP plan with links into provider plans. These principals are being embedded and will be discussed further at the SMT meeting on 7th April 2016 to ensure robust process are in place for monitoring and reporting QIPP delivery going forward. Weekly meetings will be scheduled along with QIPP cabinets, and a monthly report will go to the QPFC with an update from a SMT member and clinical lead. A paper will be presented to the QPFC meeting on 20th April 2016.

**The GB:**

- **RECEIVED and NOTED the Financial Plan submitted to NHSE and the Internal Budget Plan (incl. QIPP) for 2016/17 presented to and approved by the Quality, Performance and Finance Committee in March 2016.**

**NKCCGGB/16/014 Strategic Discussion – Strategic business approach to our local health economy**

This item was deferred to be discussed at a future GB Development Session.

**NKCCGGB/16/017 Integrated Commissioning Proposal – Healthy Child Programme 0-19**

*JC declared an interest in this item and left the meeting.*

TB introduced the paper on the development of the Integrated Commissioning for the Healthy Child Programme. TB advised that work was taking place on the integrated agenda with the Council and the CCGs on this programme to better use the services available and redesign services. The Chief Officers Group and Council have agreed to drive forward the integration agenda and put some practical things in place. This proposal has been through the governance process of both CCGs. One of the key aspects of the proposal is contracts being led by Council as the lead commissioner and including the current CCGs CAMHS Tier 3 contract. Part of the exciting opportunity in the process of redesigning the services is that schools are interested as commissioners. The feeling is that it is a once in a lifetime opportunity to integrate these services. There has been ongoing clinical input through the Clinical Strategy Group (CSG) and Quality, Performance and Finance Committee and AC and Karen Poole, Head of Children's Services will be part of the 0-19 Strategic Governance Group who reviews the ongoing clinical involvement. HES is a member of the Board for the project for both CCGs.

DT commented on reflection of the Patient Story, where does the entirety of Maternity Services sit the commissioning landscape. HES advised there is not a separate tender for maternity services, but after a recent report there will be an opportunity to review where we are as a CCG we are looking at putting an expression of interest to be an early implementer of the Choice agenda. AT commented that there have been discussions with lead providers to put into place a pathway to make sure the services integrate with each other to provide a seamless service.

PK commented that it was an exciting opportunity with some of the risks outlined significantly complex. TB advised that at the time the report first came to CSG the risks were very live but these have now been mitigated as timeframes are in. In terms of governance TB was comfortable there were senior members across the Council and CCGs on the 0-19 Strategic Governance Group to oversee the risk and are project managed. HES advised that the Board for the project met on 1st April 2016 and reviewed the risk register and mitigations and that will be fed back through the QPFC. TB advised that specific specifications would also come through that process and via the CSG. SM commented that the group was set up so that all parties have involvement and ownership and that she feels the right structures were in place. DK queried if the group will also be the contract management board. TB confirmed it would and they acknowledge that the implementation will be challenging. A quality overview is needed.

DT queried how long it would take to get the agreements in place. TB advised there is a detailed project plan but the contract start date is 1st April 2017.

JE queried when the proposal will be presented to the monitor. TB advised that a meeting had been scheduled in April 2016 with a view to have an intentions conversation.

**The GB:**

- **NOTED the contents of the report and feedback.**
- **CONSIDERED the benefits and risks of the approach outlined.**
- **CONSIDERED how best to capture ongoing clinical input into the process.**
- **APPROVED the Integrated Commissioning Proposal – Healthy Child Programme 0-19.**

*JC re-entered the meeting.*

**NKCCGGB/16/016 LungHealth Chronic Obstructive Pulmonary Disease (COPD) Guided Consultation Programme**

JE took the Chair for this item as DK had declared an interest in this item. It was noted that conflicted members would be involved in the discussion and would leave the room for the decision.

GD presented the paper and advised that following the decision by the Quality, Performance and Finance Committee (QPFC) on 17th February 2016, the Business Case now required approval by the GB in accordance with the joint working policy with pharmaceutical companies. GD confirmed that the Business Case had been signed off by the required leads.

JE requested confirmation of where the evaluation results would be presented. GD advised it was hoped the first data would be available in July 2016 which would be presented to the QPFC.

JH commented that in relation to the Right Care programme one of the areas identified as a priority was around respiratory, rather than COPD. JH queried how much resource time would be required from the CCG to support the programme. GD advised there would be an amount of project support required on an adhoc basis for the initial set up and project going forward. There was no financial cost to the CCG in the first year and it would then be reviewed. While it was a COPD programme it has a multi-skilled approach and there were a number of skills that practices would gain which would provide benefit in other areas. JC commented that the report was approved at the QPFC before the discussion on Right Care.

KB outlined the discussion at QPFC on 17th March 2016. CM commented that from his point of view the discussion was about the benefit to patients and that we could choose to not continue after 12 months if it wasn't proven to be beneficial.

NG commented that the proposal focuses on identifying patients that should not be on the register, rather than those undiagnosed. NG raised concern about the amount of practice time required to support the programme and capacity in the system for referrals to pulmonary rehabilitation. GD advised that the impact is currently unclear around pulmonary rehabilitation and one of the pieces of work for development going forward is who delivers this, what is the cost, what numbers are they seeing. KG commented that putting patients on the register may also stop onward referrals. KG advised assurance had been received in relation to practice nurse time and she believed the four practices who want to be involved in the pilot came as a result of the presentation at a Nurses Forum. DK commented that for those practices that have the time and resources it was a good thing to do for patients but felt for his practice the extra capacity for those nurses to do those checks would outweigh the clinical time.

AJ asked for assurance that the pharmaceutical company had not been involved in any changes to other provision of services. GD advised the formula was developed around best practice before the company became involved.

*Conflicted members left the meeting.*

JE commented that the general approach when something is received with support from QPFC it is not overturned. However it was felt the areas of clarification raised at QPFC had not been addressed and there was concern there was not enough clinical engagement from clinical GB members to champion the project in primary care. The recommendation would be that at moment the GB is not in a position to approve the business case and we need to review priorities in line with Right Care.

JH commented that the issue around clinical leadership was not apparent at QPFC and perhaps there was not the right level of attendance of clinical members at that particular meeting. However it was important to note that the GB would support the service in practices if they wanted to provide it directly. The business case would be a variation of services and a GB development session on the principles about that was needed considering the QIPP challenge.

**The GB:**

- **Did NOT APPROVE the business case to use the LungHealth COPD guided consultation programme in practices to improve the diagnosis and management of patients with COPD.**

*Conflicted members re-entered the meeting.*

JE advised the conflicted members that the GB had agreed to not support the Business Case at this point in time as the issues raised at QPFC had not been addressed and the GB did not believe there was clinical support to champion the programme in primary care. GB members discussed that practices were able to initiate the programme themselves directly and how lessons learned can be discussed through a GB Development Session.

**NKCCGGB/16/015 NKCCG One Year Operational Plan 2016/17**

HES presented the 2016/17 Operational Plan. NHS England's vision for the future, 'The Five Year Forward View' sets out a number of ambitions which we are required to respond to. 'The Five Year Forward View' recognises that improvements must be made in the way NHS services are commissioned and provided and to do this challenges the organisations to close a number of gaps over the by 2020. These are:

1. The Care and Quality Gap
2. The Health and Inequalities Gap
3. The Finance and Efficiencies Gap

The Operational Plan outlines the CCG's response to contributing to closing these gaps locally.

HES highlighted there had been positive engagement through a number of forums, including our North Kirklees Patient Reference Group, GP Forum and specific engagement activities focused on our commissioning priorities. Comments received back on the draft from the Quality, Performance and Finance Committee would be included in the document for submission.

The three key transformation plans, supported by project plans are:

1. Transformation of planned care pathways with a view to sustainably managing demand for services in different ways.
2. Transformation of our urgent care services.
3. Transformation of primary care services to respond to national directives and integrate into the wider system.

The Operational Plan links in with business rules and development and is supported by a number of finance and activity plans that are being submitted to NHS England to the agreed planning timescales.

DK noted the Operational Plan had been seen by GB members through a variety of mechanisms and passed on his thanks to Rachel Millson, Business Planning Manager for her work and development of the document.

**The GB:**

- **RECEIVED the NKCCG One Year Operational Plan for 2016/17.**
- **SIGNED OFF the plan to enable it to be published on the CCG Website.**

**NKCCGGB/16/018 Integrated Risk Management Framework**

JB advised the updated Integrated Risk Management Framework reflects how the CCG manages risk. It specifically describes the organisation's approach to managing risk and risk management processes, risk management objectives, risk appetite, and the individual and organisational accountabilities for risk management. Key changes in the document are the inclusion of CCGs strategic priorities, Risk Management Strategy, confirmation of

CCG's risk appetite, definition of different risk types, and clearer accountability framework. JB advised that the Framework is consistent with the template issued as part of national guidance and had been approved by both the Senior Management Team and Audit Committee. At the Audit Committee meeting the Internal Auditors confirmed the Framework was in line with other CCGs.

JE commented that the Risk Specialist Table should contain position titles rather than individuals names.

**ACTION: JB to include position titles rather than the names of the risk specialists within the Framework.**

**The GB:**

- **APPROVED the Integrated Risk Management Framework with the amendment to the risk specialist table.**

**NKCCGGB/16/019 Risk Register (Cycle 4 – January to March 2016)**

JB provided an overview of the report which detailed all serious and critical risks (those scoring over 15 or more) held on the North Kirklees CCG Risk Register. There are four cycles in the reviewing process with Cycle 4 beginning in January 2016. All risks were reviewed by a Risk Owner or Senior Manager during the cycle. The Risk Register was reviewed in full by the Senior Management Team on 4th February 2016, Quality, Performance and Finance Committee (QPFC) on 17th February 2016. All serious and critical risks were reviewed by the Audit Committee on 24th March 2016. JB highlighted that the Risk Register now included graphical analysis of how the risk scores have changed over the previous 10 cycles following feedback from the QPFC.

DT commented that there had been debate around static risks but felt that they should remain on the register as they reflect the level of risk in the system. JB commented that all the risks including those with a static risk score had been reviewed. JE noted that assurance was given to the QPFC that they are actively static and were continuing to be reviewed and considered within each cycle.

**The GB:**

- **NOTED the Serious and Critical Risks on the CCG Risk Register as at the latest risk reporting cycle (Cycle 4 – January to March 2016).**

**NKCCGGB/16/020 Update on the Council of Members**

DK advised the paper provided an update on the progress on the development of a Council of Members (COM) to assist in how the CCG engage with member practices. The first meeting was held on 15th March 2016 with the Terms of Reference approved and Chair and Vice Chair appointed. The election process was overseen by the Local Medical Committee (LAC) and Dr Mohammed Hussain from Mirfield Practice was elected Chair and Dr Yaqub Hussain from Mount Pleasant Practice was elected Vice Chair. Discussion took place at the COM meeting around Healthy Futures and the COM were supportive of the areas of focus and direction of travel to develop a Memorandum of Understanding. The CCG will work with the COM around the frequency of meetings, level of support that is needed and reporting requirements to GB meetings.

**ACTION: EJ to add updates from the Council of Members to the Work plan.**

HES queried if the objectives in the COM Terms of Reference had been correlated to the roles and responsibilities of the GB. DK noted the word “agree” is used within the COM objectives but the decision making body is the GB.

**The GB:**

- **NOTED the progress of the Council of Members.**

**NKCCGGB/16/021 Approved Polices**

**The GB:**

- **NOTED the approved policies.**

**NKCCGGB/16/022 Governing Body Work plan**

The Work Plan was presented for reference.

JE commented that the Work plans for the GB and subcommittees needed to be synchronised for receipt of Annual Reports and Terms of Reference.

JE queried why the Letter of Representation had not been included on the agenda in accordance with the Work plan. DF advised that it was a timing issue and the draft would be circulated to members when prepared.

**ACTION: PP to circulate the draft Letter of Representation to GB members for comment.**

**The GB:**

- **NOTED the Work plan.**

**NKCCGGB/16/023 Governing Body Effectiveness and Performance**

Due to time constraints the effectiveness and performance of the Governing Body meeting was considered by the GB during the meeting in closed session.

**NKCCGGB/16/024 Ratified Minutes of the Quality, Performance and Finance Committee 16th December 2015, 20th January 2016 and 17th February 2016**

CM advised that in relation to the action from 20th January 2016 around seeking the Audit Committees view on conflicts of interest it had been superceded by new draft guidance from NHS England which will be considered by the committee.

**The GB:**

- **RECEIVED and NOTED the ratified minutes of the Quality, Performance and Finance Committee held on 16th December 2015, 20th January 2016 and 17th February 2016.**

**NKCCGGB/16/025 Ratified Minutes of the Health and Wellbeing Board 26th November 2015 and 28th January 2016**

**The GB:**

- **RECEIVED and NOTED the ratified minutes of the Health and Wellbeing Board held on 26th November 2015 and 28th January 2016.**

**NKCCGGB/16/026 Ratified Minutes of the Audit Committee 11th November 2015 and 17th January 2016**

**The GB:**

- **RECEIVED and NOTED the ratified minutes of the Audit Committee held on 11th November 2015 and 17th January 2016.**

**NKCCGGB/16/027 Any Urgent Business**

Transformation Plans

NG advised that at a Health & Wellbeing Board (H&WB) meeting transformation plans across Calderdale & Huddersfield Foundation Trust (CHFT) were discussed. NG felt that not all GB members had been sighted on the plans and potential implications to joint commissioning and the primary and secondary Sustainability & Transformation Plan. CHFT's transformation plans involve levels of investment into a new hospital and development of urgent care centres which would affect the flow of patients and more detail is needed on what impact there may be for North Kirklees.

HES advised that at the H&WB there was discussion about the impact across Kirklees around Meeting the Challenge and the Right Care, Right Place, Right Time programmes. The Council has agreed to commission a piece of work around Kirklees patients to be led by Rachel Spencer-Henshall, Director of Public Health.

DK requested that a presentation be given to GB members to understand the approach.

**ACTION – HES to arrange a presentation on the Right Care, Right Place, Right Time programme at the GB Development Session on 11th May 2016.**

**NKCCGGB/16/028 Date and Time of Next Meeting**

**Wednesday 1st June 2016, 09.00am – 12.30pm**

**Venue to be confirmed.**

This concluded the content of the Governing Body meeting and the Chair declared the meeting CLOSED at approximately 13.07pm.

**Chairman's Signature:** D. Kelly

**Date: Wednesday 1st June 2016**

**AGREED ACTIONS**
**NHS North Kirklees Governing Body**
**Wednesday 3rd February 2016**
**9.00am – 12.30pm**
**Dewsbury Town Hall, Wakefield Old Road, Dewsbury WF12 8DG**

| Agenda Item | Lead Name | Action | Comments |
|---|---|---|---|
| NKCCGGB/15/131 – Kirklees Safeguarding Adult's Board – Annual Report 2014/15 | DT/JH/DK | DT to speak to JH and DK regarding the changes in relation Safeguarding Adults serious case reviews and ensure a GP lead is identified. | 6/04/2016 Ongoing – DT advised that identifying a GP lead was being considered under a broader piece of work and feedback would be provided at the GB meeting on 1st June 2016.<br><br>17/05/2016 Ongoing – The safeguarding team are currently out for expressions of interest in role of Named GP Safeguarding Adults. |

**AGREED ACTIONS**
**NHS North Kirklees Governing Body**
**Wednesday 6th April 2016**
**9.00am – 13.07pm**
**Ravensthorpe Community Centre (Routeways), 24 Garden Street, Ravensthorpe WF13 3AR**

| Agenda Item | Lead Name | Action | Comments |
|---|---|---|---|
| NKCCGGB/16/009 – Quality and Safety Report | DT/PK | PK/DT to review the communication sent to primary care. | Complete.<br>Communication from the MYHT to general practice regarding neurology services has been updated and modified. |
| NKCCGGB/16/011 – Performance Report | DF | DF to provide further information on the Antenatal Care NIPE implementation. | Ongoing.<br>Information is being collated and will be reported through the Quality, Performance and Finance Committee when received. |

| | | | |
|---|---|---|---|
| NKCCGGB/16/011 – Performance Report | DF | DF to provide further information on the Reablement/Rehabilitation Services in relation to the End of Life pathway. | Ongoing.<br>Updated information has not yet been received in relation to reablement. Will be reported through the Quality, Performance and Finance Committee when received. |
| NKCCGGB/16/011 – Performance Report | DF | DF to provide information on Quality Premium payment to the QPFC meeting on 20th April 2016. | Complete.<br>QPFC meeting 20th April 2016. |
| NKCCGGB/16/018 – Integrated Risk Management Framework | JB | JB to include position titles rather than the names of the risk specialists within the Framework. | Complete.<br>Individual names have been removed from the Integrated Risk Management Framework which now only includes details of the position titles. |
| NKCCGGB/16/020 – Update on the Council of Members | EJ | EJ to add updates from the Council of Members to the Work plan. | Complete.<br>Will be included as part of the Chair and Chief Officer report. |
| NKCCGGB/16/022 – Governing Body Work plan | PP | PP to circulate the draft Letter of Representation to GB members for comment. | Complete.<br>Letter of Representation circulated to GB members on 26th April 2016. |
| NKCCGGB/16/027 – Any Urgent Business (Transformation Plans) | HES | HES to arrange a presentation on the Right Care, Right Place, Right Time programme at the GB Development Session on 11th May 2016. | Complete.<br>GB Development Session 11th May 2016. |