

**CCG Committee (8 November 2012) – Item 3.0**

<b>MEETING:</b>	3 <sup>rd</sup> Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Committee	  <b>North Lincolnshire Clinical Commissioning Group COMMITTEE</b>
<b>MEETING DATE:</b>	Thursday 13 September 2012	
<b>VENUE:</b>	Board Room, Health Place, Brigg	
<b>TIME:</b>	13:30	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Margaret Sanderson ( <i>MS</i> )	CCGC Chair/General Practitioner	NHS North Lincolnshire
Allison Cooke ( <i>AC</i> )	Chief Officer (Designate)	NHS North Lincolnshire
Ian Reekie ( <i>IR</i> )	CCG Lay Member, Patient & Public Involvement/Vice CCGC Chair	NHS North Lincolnshire
Paul Evans ( <i>PE</i> )	CCG Lay Member, Governance	NHS North Lincolnshire
Caroline Briggs ( <i>CB</i> )	Senior Officer, Commissioning Support & Service Change	NHS North Lincolnshire
Therese Paskell ( <i>TP</i> )	Chief Finance Officer & Business Support	NHS North Lincolnshire
Frances Cunning ( <i>FC</i> )	Joint Director of Public Health	NHS North Lincolnshire/ North Lincolnshire Council
Dr Ajay Vora ( <i>AV</i> )	Member CCGC/General Practitioner	NHS North Lincolnshire
Dr Andrew Lee ( <i>AL</i> )	Member CCGC/General Practitioner	NHS North Lincolnshire
Dr James Mbugua ( <i>JM</i> )	Member CCGC/General Practitioner	NHS North Lincolnshire
<b>IN ATTENDANCE:</b>		
Clare Smith ( <i>CS</i> )	PA ( <i>Note Taker</i> )	NHS North Lincolnshire
Jane Ellerton ( <i>JE</i> )	Assistant Senior Officer, Commissioning Support & Service Change <i>In attendance for Item 6.1 only</i>	NHS North Lincolnshire
Rose LeBrun ( <i>RLB</i> )	Nurse Consultant/Screening Lead <i>In attendance for Item 6.2 only</i>	NHS North Lincolnshire
John Pougher ( <i>JP</i> )	Assistant Senior Officer, Quality & Assurance <i>In attendance for Items 7.2, 7.3, 7.10, 7.11, 7.12, 7.13 only</i>	NHS North Lincolnshire
Zoe Wray ( <i>ZW</i> )	Patient Liaison Manager (Humber) <i>In attendance for Item 7.4 only</i>	Commissioning Support Unit
Deborah Pollard ( <i>DP</i> )	Head of Performance Improvement <i>In attendance for Item 7.9 only</i>	NHS North Lincolnshire

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Karen Rhodes ( <i>KR</i> )	Senior Officer, Quality & Assurance/CCGC Nurse Member	NHS North Lincolnshire
Dr Nick Stewart ( <i>NS</i> )	Member CCGC/General Practitioner	NHS North Lincolnshire
Dr Fergus Macmillan ( <i>FM</i> )	Member CCGC/General Practitioner	NHS North Lincolnshire
David Brown ( <i>DB</i> )	Organisational Development Project Support	Independent Adviser

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>1.0 WELCOME, ANNOUNCEMENTS AND APOLOGIES</b>		
MS welcomed all attendees to the third meeting 'in public' of the Clinical Commissioning Group Committee (CCGC). Apologies were noted, as detailed above.	<b>Decision:</b> Noted	Chair

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<b>2.0 DECLARATION OF INTERESTS</b>		
MS invited those with any Declarations of Interest to make them known to the meeting. No declarations were received.	<b>Decision:</b> Noted	Chair
<b>3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 12 JULY 2012</b>		
The minutes were accepted as an accurate record of the meeting.	<b>Decision:</b> Noted	Chair
<b>4.0 ACTION LOG – ACTIONS UPDATE FROM 12 JULY 2012</b>		
<p>It was noted that all of the actions from the meeting held on the 12 July 2012 had been completed.</p> <p><b>Updates:</b></p> <ul style="list-style-type: none"> <li> <b>Item 7.3 – Communication with GPs in relation to Termination of Pregnancy Services</b>                      AC advised that although the relevant communication had been sent out, there was still confusion as to whether the information/updates were being sent to those who needed to know.                      MS agreed to send an e-mail to all GPs advising that the Termination of Pregnancy service at Scunthorpe General Hospital had resumed.                 </li> </ul>	<p><b>Decision:</b> Noted</p> <p><b>Action:</b> MS to send an e-mail to all GPs</p>	<p>Chair</p> <p>MS</p>
<b>5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
Nothing discussed.		
<b>6.0 CLINICAL COMMISSIONING</b>		
<b>ITEMS FOR APPROVAL</b>		
<p><b>6.1 North Lincolnshire Long Term Conditions Strategy 2012-2017</b>                      JE presented Item 6.1 and the report was taken as ‘read’. The purpose of the strategy was to provide direction for the planning and delivery of services across health and social care to meet the increasing needs of the North Lincolnshire population. The main focus would be on prevention, and to identify patients before they go on to develop a chronic condition; to keep people as healthy as possible for as long as possible and thus reduce the incidence and impact of Long Term Conditions.</p> <p>It was noted that consultation had taken place with a wide range of stakeholders via a Strategy Stakeholder event in April 2012. Approximately 80 people attended the event and attendees included professional stakeholder groups, voluntary sector representatives and patients/carers. The strategy had been approved by the membership of the CCG Long Term Conditions Board, which included membership from primary care clinicians, patient representatives and social care representatives.</p> <p>It was agreed that the Strategy was both clear and succinct.</p>	<p><b>Decision:</b> The CCG Committee: -</p> <ul style="list-style-type: none"> <li>Considered and approved the Long Term Conditions Strategy</li> </ul>	<p>JE</p>
<p><b>6.2 North &amp; North East Lincolnshire Population Screening Programme Annual Report 2011</b>                      RLB presented Item 6.2 and the report was taken as ‘read’. It was noted that it was a requirement of the NHS Screening Programmes Quality Assurance processes that an annual report be compiled for population screening programmes. The report outlined uptake, coverage and achievements of the programme. It also made recommendations that highlighted issues and risks to the population screening programme during the transition year and beyond. The report required ratification and support</p>	<p><b>Decision:</b> The CCG Committee: -</p> <ul style="list-style-type: none"> <li>Approved, received and noted the report</li> <li>Noted the recommendations within the report</li> <li>Was made aware of the responsibilities of all key stakeholders in relation to screening programmes</li> </ul>	<p>RLB</p>

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<p>for the recommendations made. Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> <li>• The NHS Screening Programmes (<i>page 4 and 5</i>)</li> <li>• Uptake in the screening programmes</li> <li>• Screening going forward and accountabilities</li> <li>• Bowel Screening (<i>page 20 – 24</i>)               <ul style="list-style-type: none"> <li>○ Raising the profile of bowel screening</li> <li>○ Local publicity</li> <li>○ The need for a change in behaviour</li> <li>○ Local Authority funding for additional Health Trainer capacity within NHS North Lincolnshire and the North East Lincolnshire Care Trust Plus was being utilised to promote and support participation in the Bowel Screening Programme</li> <li>○ Suggestion that screening letters could be personalised for patients                   <ul style="list-style-type: none"> <li>▪ The CCG should encourage practices to sign up to the personalisation of screening letters</li> </ul> </li> </ul> </li> <li>• Diabetic Eye Screening Programme (<i>page 30 – 32</i>)               <ul style="list-style-type: none"> <li>○ National programme</li> </ul> </li> <li>• Abdominal Aortic Aneurysm (AAA) Screening (<i>page 33 – 35</i>)</li> <li>• Antenatal and Newborn Screening (<i>page 25 – 29</i>)</li> <li>• Cervical Screening (<i>page 12 – 19</i>)               <ul style="list-style-type: none"> <li>○ Table 3, page 16 (Quarter 1 April – June 2011) – Number of samples 1648                   <ul style="list-style-type: none"> <li>▪ It was noted that the 1648 figure was a typing error and needed correcting</li> </ul> </li> </ul> </li> <li>• Breast Screening (<i>page 6 – 11</i>)               <ul style="list-style-type: none"> <li>○ Breast screening for NHS North Lincolnshire was provided by mobile breast screening units                   <ul style="list-style-type: none"> <li>▪ Issues with rural areas and lack of public transport</li> <li>▪ Convenient appointments</li> <li>▪ Static units for screening</li> </ul> </li> </ul> </li> </ul> <p>The CCG Committee were asked to: - Receive the report and note the recommendations within the report. In addition, to be aware of the responsibilities of all key stakeholders in relation to screening programmes:</p> <ul style="list-style-type: none"> <li>• Commissioners and public health experts from North East Lincolnshire Care Trust Plus and NHS North Lincolnshire must continue to ensure that all the Cancer Reform Strategy (CRS) directives in the NHS Cancer Screening Programmes are fully implemented during this year of transition and beyond</li> <li>• Expert Screening commissioners and Public Health screening leads from the 4 Humber PCTs need to work closely together to ensure that a central repository is developed in which to store all important information around the commissioning and delivery of all population screening programmes</li> </ul>	<p><b>Action:</b> To be discussed further at the December 2012 or February 2013 CCG workshop</p> <p><b>Action:</b> Support for the report to be shared with the Humber Cluster Board meeting</p>	<p>Chair</p> <p>RLB</p>

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<ul style="list-style-type: none"> <li>• To ensure all screening programmes meet their key performance indicators and standards during this transition year and plans are put in place to ensure this continues into the future</li> <li>• Risks currently identified within each individual screening programme along with risks associated with the NHS transition need to be managed throughout this year and beyond. Also ensuring that new and emerging structures and organisations are aware of the risks that come under their accountability</li> <li>• Continue partnership working across all component parts of all screening programmes to ensure Quality Assurance mechanisms and processes continue to improve the quality of population screening programmes</li> <li>• Ensuring the continuation of robust audit and failsafe mechanisms across the all screening pathways to ensure the early identification of serious untoward incidents</li> <li>• To work with emerging structures and processes to ensure the development of robust service specifications are in place and monitored</li> </ul>		
<b>7.0 CORPORATE GOVERNANCE AND ASSURANCE</b>		
<b>ITEMS FOR DISCUSSION AND APPROVAL</b>		
<p><b>7.1 A Review of Northern Lincolnshire and Goole Hospitals Trust Mortality Performance</b> MS presented Item 7.1. The report was ‘tabled’ and handed out to members of the public present.</p> <p>It was confirmed that the CCG Committee had received a presentation detailing the key findings of the review on 14 June 2012 from Stephen Ramsden (Author) and the final report was received at a subsequent meeting.</p> <p>The Steering Group had now produced a response to the recommendations within the report, and the response together with the Executive Summary and the full recommendations were being published today. The full report would be available, by request, from the CCG following the meeting.</p> <p>It was noted that reporters had been invited to a joint media briefing on the morning of the 13 September 2012. Representatives from the North Lincolnshire Clinical Commissioning Group, North East Lincolnshire Clinical Commissioning Group and Northern Lincolnshire &amp; Goole Hospitals NHS Foundation Trust had briefed the media with regard to the report; there had also been the opportunity for one-to-one interviews.</p> <p>Specific areas highlighted: -</p> <ul style="list-style-type: none"> <li>• Record Keeping</li> <li>• Focus on ‘improvement’</li> <li>• Positive indicators</li> <li>• Commitment to improve</li> </ul>	<p><b>Decision:</b> The CCG Committee:-</p> <ul style="list-style-type: none"> <li>• Received the Executive Summary, recommendations and Steering Group response</li> <li>• Supported the development of a more detailed action plan and confirmed it wished to receive updates for assurance on a ‘quarterly’ basis</li> <li>• The Quality Group to monitor on a ‘monthly’ basis</li> </ul>	<p>AC KR</p>

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<ul style="list-style-type: none"> <li>To be monitored by the Quality Group</li> </ul> <p>The CCG Committee were asked to: -</p> <ul style="list-style-type: none"> <li>Receive the Executive Summary, recommendations and Steering Group response</li> <li>Support the development of a more detailed action plan and confirm how often it wished to receive updates for assurance</li> </ul> <p><b>7.2 Board Assurance Framework</b></p> <p>JP presented Item 7.2 and the report was taken as 'read'. The report informed the CCG Committee of the highest rated risks identified for North Lincolnshire locality.</p> <p>Specific areas highlighted: -</p> <ul style="list-style-type: none"> <li>Commissioning Support Unit responsible for holding the risk register</li> <li>Collaborative Commissioning and working with other CCGs</li> <li>EP30 - Information flow from Hull &amp; East Yorkshire Hospitals NHS Trust <ul style="list-style-type: none"> <li>No feedback to date</li> </ul> </li> </ul> <p>The CCG Committee were asked to approve the Risk Register in that it gives assurance that risks were being effectively managed.</p>	<p><b>Decision:</b> The CCG Committee: -</p> <ul style="list-style-type: none"> <li>Approved the Risk Register, noting that it gave assurance that risks were being effectively managed</li> </ul>	<p>JP</p>
<p><b>7.3 Quality Group Revised Terms of Reference</b></p> <p>JP presented Item 7.3 and the report was taken as 'read'. The Terms of Reference for the North Lincolnshire Clinical Commissioning Group (CCG) – Quality Group had been amended to reflect the changes to the CCG, following the establishment of the Commissioning Support Unit (CSU) and movement towards the CCG Committee becoming a Governing Body.</p> <p>It was queried whether the updated version had been incorporated into the Scheme of Delegation document. JP to check.</p>	<p><b>Decision:</b> The CCG Committee: -</p> <ul style="list-style-type: none"> <li>Received and approved the revised Terms of Reference for the Quality Group</li> </ul> <p><b>Action:</b> Updated version to be incorporated into the Scheme of Delegation</p>	<p>JP</p>
<p><b>7.4 Policy for the Reporting and Management of Patient Complaints</b></p> <p>ZW presented Item 7.4 and the report was taken as 'read'. It was noted that the policy set out the reporting and management of complaints within NHS North Lincolnshire CCG.</p> <p>It was queried whether the policy had been through a consultation process and whether an Equality Impact Assessment had been completed. It was confirmed that the policy had not been through a full consultation process or been equality impact assessed, but that the existing Primary Care Trust policy, on which the policy was based, had been through the relevant processes.</p> <p>The policy was based on the current national regulations issued by the Department of Health (DH) in 2009 and the best practice guidance as outlined in the 'Making Experiences Count' (MEC) document 2007.</p>	<p><b>Decision:</b> Subject to the suggestions and comments made the CCG Committee: -</p> <ul style="list-style-type: none"> <li>Received and approved the Policy for the Reporting and Management of Patient Complaints</li> </ul>	<p>ZW</p>

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<p>Equality and Diversity was discussed. It was noted that all information in relation to the complaints process was available in alternative languages and formats upon request.</p> <p>Subject to a further review in April 2013; and the completion of an Equality Impact Assessment the CCG Committee received and approved the policy.</p>		
<p><b>7.5 Finance Report (Month 4)</b></p> <p>TP presented Item 7.5 and the report was taken as 'read'. It was noted that the headlines and key messages relating to month 4 (page 5 of the report) were on track. Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> <li>• Continuing Care (<i>page 7</i>) It was noted that based on previous experience, significant additional growth funding had been budgeted for Continuing Care in 2012/2013. At present funding appeared to be sufficient for the existing committed client cohort and demand growth, subject to the level of complexity of newly referred clients. Retrospective claims appeared to have been minimal to date, but were on-going.</li> <li>• CCG Core and Non-Core Budgets (<i>page 6</i>) The difference between 'core' and 'non-core' budgets was queried. It was confirmed that the budgets that can be identified/linked to a practice were 'core' and those that could not be identified to a practice were 'non-core'. It was agreed that this should be made clear on future reports.</li> </ul> <p>The CCG Committee were asked to receive and note the financial performance for the period up to 31 July 2012, and the full year forecast outturn position for 2012/2013 as well as the associated risks and mitigations.</p>	<p><b>Decision:</b> CCG received and noted the financial performance for the period up to 31 July 2012, and the full year forecast outturn position for 2012/2013 as well as the associated risks and mitigations.</p> <p><b>Action:</b> Core and Non-Core budget meanings to be made clear on future reports.</p>	<p>TP</p> <p>TP</p>
<p><b>7.6 Humber Cluster Audit Committee Report</b></p> <p>TP presented Item 7.6 and the report was taken as 'read'. Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> <li>• Mortality (<i>page 1</i>)</li> <li>• Risk Register (<i>page 2 and appendix 1</i>)</li> <li>• Annual Audit Letter and Management Response (<i>appendix 3 and 4</i>)</li> <li>• New Lay Member, Mr Paul Evans, had been appointed with effect from 1 September 2012, with responsibility for audit and governance</li> </ul>	<p><b>Decision:</b> The CCG Committee reviewed the report and confirmed they were satisfied with the assurances provided.</p>	<p>TP</p>
<p><b>7.7 CCG Finance Plan/Financial Strategy Development</b></p> <p>TP presented Item 7.7 and the report was taken as 'read'. The purpose of the report was to encapsulate thinking and progress so far on the development of the CCGs finance plan and finance strategy development, and process for its further progression. The report would be used for further discussion with the Council of Members on 27 September 2012. The paper covered key financial areas including the governance framework, medium term financial plans (including capital), reporting to the CCG</p>	<p><b>Decision:</b> The CCG Committee: -</p> <ul style="list-style-type: none"> <li>• Approved the paper as accurately representing the progress so far and supported the principles and plans for future development;</li> <li>• Approved the MTFP split for the CCG as summarised</li> </ul>	<p>TP</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Committee, practice budgets, practice reporting and the Council of Members, financial risk identification and sharing, guiding principles, Finance and Business Support, CSU support, financial training and development.</p> <p>Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> <li>• Engagement CB advised that she would share a paper that had been prepared for the CCG Engine Room meeting on 20 September 2012 with IR, regarding the engagement of the public, patients and stakeholders</li> <li>• Financial risk identification and risk sharing was discussed at length. Specific issues relating to risk sharing between practices was discussed. It was agreed that further discussion would be required at the Council of Members meeting on 27 September 2012. TP agreed to invite Jerry Clough to attend the session.</li> </ul> <p><b>7.8 CCG Standing Orders, Standing Financial Instructions and Scheme of Delegation</b> TP presented Item 7.8 and the report was taken as ‘read’. The purpose of the report was to notify the Committee of the current corporate governance framework which was in place for 2012/13, and to indicate plans for the preparation of the CCG’s revised corporate governance framework (and in particular for updating Standing Orders, Standing Financial Instructions, and Scheme of Delegation [SO/SFIs/SD]) which was required to come into effect on 1st April 2013.</p> <p><b>7.9 Performance Report – June Position 2012/2013</b> DP presented Item 7.9 and updated CCG Committee members on the current status of the local corporate performance. Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>• Hospital Acquired Infection Rates (MRSA) (<i>page 2</i>)</li> <li>• Ambulance Quality – Cat A Response Times (<i>page 2</i>) <ul style="list-style-type: none"> <li>○ DP to share definitions for ambulance performance targets with CCG Committee</li> </ul> </li> </ul>	<p>in Appendix 1</p> <ul style="list-style-type: none"> <li>• Approved the Capital Plan and Primary Care capital grant for 12/13 outlined in Appendix 2</li> <li>• Approved the integrated reporting project specification as outlined in Appendix 3</li> <li>• Supported the proposed discussions around budgets, risk sharing and reporting at the Council of Members in September (ready to start new reporting in October)</li> <li>• <b>Action:</b> CB to share the CCG Engine Room paper with IR regarding the engagement of the public, patients and stakeholders</li> <li>• <b>Action:</b> TP to invite Jerry Clough to the Council of Members meeting on 27 September 2012</li> </ul> <p><b>Decision:</b> The CCG Committee:-</p> <ul style="list-style-type: none"> <li>• Reviewed and approved the interim draft SFI/SO/SDs</li> <li>• Supported further development by the end of November as part of a working group to review the Constitution and governance framework including SFI/SO/SDs to follow the national model</li> <li>• Received updated documents for approval and adoption by Council of Members and CCG Committee early in 2013 and no later than 31 March 2013</li> </ul> <p><b>Decision:</b> CCGC noted/reviewed the report and were assured that areas of underperformance were being addressed at a local level to meet agreed targets and commitments</p> <p><b>Action:</b> DP to share definitions for ambulance performance</p>	<p></p> <p>CB</p> <p>TP</p> <p>TP</p> <p>DP</p> <p>DP</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>members</p> <ul style="list-style-type: none"> <li>• A&amp;E Quality – Time to Initial Assessment – 95<sup>th</sup> centile (page 3) <ul style="list-style-type: none"> <li>○ Monitored via the Contract and Quality Group</li> </ul> </li> <li>• Cancer Waits – Percentage of patients receiving first definitive treatment for cancer within 62 days of a consultant decision to upgrade their priority status (page 4) <ul style="list-style-type: none"> <li>○ Low numbers of patients contribute to the non-delivery of the target</li> </ul> </li> <li>• Numbers waiting on an incomplete RTT pathway (page 4) <ul style="list-style-type: none"> <li>○ Suspected rise in referrals</li> <li>○ Monitored via the Contract and Quality Group</li> </ul> </li> <li>• Stroke Indicators – Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit (page 4) <ul style="list-style-type: none"> <li>○ Stroke Accreditation process going ahead</li> <li>○ Query regarding data accuracy</li> <li>○ DP and CB to pick up outside of the meeting</li> <li>○ Imaging, all other aspects of care are dependent on the initial scan</li> </ul> </li> <li>• Smoking in Pregnancy (page 4)</li> <li>• Referrals (page 5) <ul style="list-style-type: none"> <li>○ Suspected rise in referrals</li> </ul> </li> <li>• Outpatient attendances (page 5)</li> <li>• Elective FFCE's (page 6)</li> <li>• Access to NHS Dentistry (page 6) <ul style="list-style-type: none"> <li>○ Work continuing to maintain improvement</li> </ul> </li> <li>• Breastfeeding <ul style="list-style-type: none"> <li>○ Work required to ensure robust data collation and data flows are in place. To be picked up at the Contract meeting</li> </ul> </li> <li>• Maternity 12 weeks</li> <li>• Cervical Screening</li> <li>• Coverage of NHS Health Checks <ul style="list-style-type: none"> <li>○ A LES has been offered to all GP Practices and 14 practices are now delivering the checks</li> <li>○ Programme Co-ordinator is working closely with practices 2 days per week</li> </ul> </li> <li>• Mental Health Measure EI</li> <li>• Diagnostic Waits (page 8)</li> <li>• Teenage Pregnancy (page 9) <ul style="list-style-type: none"> <li>○ National target</li> </ul> </li> </ul>	<p>targets with CCG Committee members</p> <p><b>Action:</b> DP and CB to discuss outside of the meeting.</p>	<p>DP CB</p>
<b>ITEMS FOR AWARENESS AND NOTING</b>		
<p><b>7.10 North Lincolnshire Annual Governance Report</b></p> <p>JP presented Item 7.10 and the report was taken as 'read'. The report highlighted that appropriate governance arrangements were in place and risks were managed effectively in NHS North Lincolnshire for the period April 2011 to March 2012. The report had been submitted to the Humber Cluster. Specific areas highlighted were: -</p> <ul style="list-style-type: none"> <li>• Legal Claims (page 7)</li> </ul>	<p><b>Decision:</b> Received and Noted</p>	<p>JP</p>

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<ul style="list-style-type: none"> <li>• Safeguarding (not reflected in the document)</li> </ul> <p><b>7.11 Plan for Final Constitution</b> JP presented Item 7.11 and the report was taken as 'read'. The paper outlined the plan for the development of a 'final constitution' for NHS North Lincolnshire Clinical Commissioning Group.</p> <p><b>7.12 Interim Risk Management Strategy</b> JP provided a verbal update and advised of plans with regard to an interim Risk Management Strategy, which was required as part of the Authorisation process. The plan was for the CCG Committee to approve the strategy in January 2013.</p> <p><b>7.13 Quality Group Notes – 28 June &amp; 26 July 2012</b> JP presented Item 7.13 and the report was taken as 'read'.</p>	<p><b>Decision:</b> Received and Noted</p> <p><b>Decision:</b> Noted</p> <p><b>Decision:</b> Received and Noted</p>	<p>JP</p> <p>JP</p> <p>JP</p>
<b>8.0 PUBLIC QUESTION TIME</b>		
No questions asked.	<b>Decision:</b> Noted	Chair
<b>9.0 ANY OTHER BUSINESS</b>		
<b>9.1 Urgent Items by Prior Notice</b> Nothing discussed.	<b>Decision:</b> Noted	Chair
<b>10.0 DATE AND TIME OF NEXT PUBLIC MEETING</b>		
Thursday 8 November 2012 13:30 Board Room, Health Place, Brigg	<b>Decision:</b> Noted	Chair
<b>11.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY</b>		
<p><b>11.1 Yorkshire &amp; Humber Specialised Commissioning Operational Group Minutes – 27 July 2012</b></p> <p><b>11.2 North of England Specialised Commissioning Group Minutes – 11 May 2012</b></p>	<b>Decision:</b> Noted, for information only	Chair