

Public CCG Governing Body Meeting (10 October 2013) – Item 3.0

MEETING:	9 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 <p align="center">GOVERNING BODY</p>
MEETING DATE:	Thursday 8 August 2013	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Allison Cooke (<i>AC</i>)	Chief Officer	NHS North Lincolnshire CCG
Karen Rhodes (<i>KR</i>)	Senior Officer, Quality & Assurance/CCGC Nurse Member	NHS North Lincolnshire CCG
Frances Cunning (<i>FC</i>)	Director of Public Health	North Lincolnshire Council
Dr Andrew Lee (<i>AL</i>)	Member CCG/General Practitioner	NHS North Lincolnshire CCG
Dr James Mbugua (<i>JM</i>)	Member CCG/General Practitioner	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (<i>RJF</i>)	Member CCG/General Practitioner/Medical Director	NHS North Lincolnshire CCG
Dr Nick Stewart (<i>NS</i>)	Member CCG/General Practitioner	NHS North Lincolnshire CCG
Dr Fergus Macmillan (<i>FM</i>)	Member CCG/General Practitioner	NHS North Lincolnshire CCG
Ian Reekie (<i>IR</i>)	CCG Lay Member, Patient & Public Involvement/Vice CCG Chair	NHS North Lincolnshire CCG
Paul Evans (<i>PE</i>)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Dr Jagrit Shah (<i>JS</i>)	Secondary Care Doctor	NHS North Lincolnshire CCG
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire CCG
Jane Ellerton (<i>JE</i>)	Assistant Senior Officer, Commissioning Support & Service Change <i>In attendance for Item 6.2.3 only</i>	NHS North Lincolnshire CCG
John Pougher (<i>JP</i>)	Assistant Senior Officer, Quality & Assurance <i>In attendance for Item 7.1 only</i>	NHS North Lincolnshire CCG
Bill Lovell (<i>BL</i>)	Assistant Senior Officer, Finance & Business Support <i>In attendance for Item 7.5 only</i>	NHS North Lincolnshire CCG
Dean Gillon (<i>DG</i>)	Scrutiny Officer <i>In attendance for Item 7.8 only</i>	North Lincolnshire Council

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Therese Paskell (<i>TP</i>)	Chief Finance Officer & Business Support	NHS North Lincolnshire CCG
Caroline Briggs (<i>CB</i>)	Senior Officer, Commissioning Support & Service Change	NHS North Lincolnshire CCG
Councillor Jean Bromby (<i>JB</i>)	Chairman, Health Scrutiny Panel <i>Apologies for Item 7.8 only</i>	North Lincolnshire Council

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

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2.0 DECLARATION OF INTERESTS		
MS invited those with any Declarations of Interest to make them known to the meeting. No declarations were received.	Decision: Noted	Chair
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 13 JUNE 2013		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 13 JUNE 2013		
<ul style="list-style-type: none"> • Item 8.2: Finance Report ‘Practice Budgets’ <ul style="list-style-type: none"> ○ This had been discussed at the Council of Members meeting on 25 July 2013 • Item 6.1: Corporate Parenting Pledge for North Lincolnshire Looked After Children <ul style="list-style-type: none"> ○ It was confirmed that the Pledge had been circulated to Council of Members on 25 July 2013, for information, rather than for discussion • Item 7.2: Statement on Whistleblowing Policy <ul style="list-style-type: none"> ○ It was noted that Council of Members would be advised of the amendment to the Constitution in due course 	Decision: Noted	Chair
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
<ul style="list-style-type: none"> • Item 6.4: Healthwatch Establishment (Volunteer and Database Development) IR advised that further to the last meeting on 13 June 2013, when he had questioned the accuracy of the statement on page 4 of the Healthwatch Status Report ‘<i>unlike other LINKs across the country, the former North Lincolnshire provider did not undertake any activity to encourage existing LINK members to continue their involvement in Healthwatch</i>’, CB had formally retracted the statement at the CCG Governing Body Workshop on 11 July 2013, as the statement was found to be factually incorrect. 	Decision: Noted	IR
6.0 CLINICAL COMMISSIONING		
ITEMS FOR APPROVAL		
<p>6.1 Individual Funding Request Policy</p> <p>MS presented Item 6.1 on behalf of Catherine Lightfoot, Clinical Triage Lead, North Yorkshire and Humber Commissioning Support Unit. The report was taken as ‘read’.</p> <p>The policy provided a list of interventions which were considered to have a low priority for NHS resources in certain or all circumstances, and were therefore considered to ‘not be routinely funded’. This included; medicine or medical advice, devices, diagnostic techniques, surgical procedures and other therapeutic interventions.</p> <p>CCG Governing Body members were asked to:-</p> <ul style="list-style-type: none"> • Agree any changes to criteria within the procedures/treatment areas • To agree and approve the policy • Agree to using the policy to populate the Map of Medicine locally <p>Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> • Item 2.6: Breast Surgery (Gynaecomastia) (<i>page 15</i>) <ul style="list-style-type: none"> ▪ Functional disability/symptoms discussed 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Agreed and approved the Individual Funding Request Policy, subject to the following sections being rewritten/amended: - <ul style="list-style-type: none"> ○ Item 2.6 (Gynaecomastia) ○ Item 5.6 (Chalazion) ○ Item 9.10 (Carpal Tunnel) • Agreed to using the policy to populate the Map of Medicine locally <p>Action:</p> <ul style="list-style-type: none"> • Amendments to be made and checked by AL, MS and FC • Amendments to be 	MS

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<ul style="list-style-type: none"> ▪ Need an addition to ensure not purely on cosmetic grounds. No cases would be considered unless exceptional circumstances • Item 5.6: Chalazion (<i>page 20</i>) <ul style="list-style-type: none"> ▪ Some wording had been agreed ‘virtually’ that had been omitted from the final draft document • Item 9.10: Carpal Tunnel (<i>page 24</i>) <ul style="list-style-type: none"> ▪ Some wording had been agreed ‘virtually’ that had been omitted from the final draft document ▪ Query regarding whether the patient should meet all of the criteria 	<p align="center">circulated ‘virtually’</p> <ul style="list-style-type: none"> • The three items to be ratified at the next meeting • Document to be checked for typographical errors, prior to publication 	
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
<p>6.2 Healthy Lives, Healthy Futures</p> <p>6.2.1 Update</p> <p>AC provided an update via a PowerPoint presentation.</p>  <p align="center">Item 6.2.1</p> <p>Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> • What is Healthy Lives, Healthy Futures? <ul style="list-style-type: none"> ○ A review of all health and care services in the Northern Lincolnshire area, to make sure that services will be safe and of high quality for the years to come • Local Challenges: <ul style="list-style-type: none"> ○ Increasing elderly population ○ High levels of deprivation ○ Health inequalities • National Challenges: <ul style="list-style-type: none"> ○ Standards for quality are constantly rising ○ Tighter budgets ○ Increasing costs of medicine and operations • Shortfall <ul style="list-style-type: none"> ○ Approximate £80million shortfall by 2016/2017 • What happens if we do nothing? <ul style="list-style-type: none"> ○ Inequalities will continue ○ Aggressive cost cutting, which could mean standards fall or some services are stopped ○ Over-stretched staff may move elsewhere ○ Ultimately, loss of services locally • Our ‘Vision’ <ul style="list-style-type: none"> ○ Self-care and independent living ○ Community based care 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the Healthy Lives, Healthy Futures update 	<p align="center">AC</p>

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<ul style="list-style-type: none"> ○ Hospital/specialist care ● What sort of changes? <ul style="list-style-type: none"> ○ Self-care at home where safe and appropriate ○ Specialist centres of excellence locally ○ Shifting emphasis from Hospitals to the community ○ Reconfiguration of hospital and community services ○ Different types of appointments with your GP or consultant ● Our vision is to make sure our services are: <ul style="list-style-type: none"> ○ Good Quality ○ Access to all ○ Affordable ○ Possible to do within the next 5 – 10 years ● Next Steps <ul style="list-style-type: none"> ○ The public are to be involved at every step of the process, by getting feedback on the vision until the middle of September 2013 ○ The feedback will be used to prepare some options for consideration ○ Public thoughts on the considered options ● Public sessions/events highlighted ● Summary <ul style="list-style-type: none"> ○ We know that changes are needed ○ No decisions have been made yet ○ We know the decisions will be difficult ○ We are committed to involving patients and the public in this important work ○ We have a media team on hand to support with any queries ○ The programme website will be regularly updated with information and Frequently Asked Questions <p>6.2.2 Northern Lincolnshire Healthy Lives, Healthy Futures Scheme of Delegated Authority AC presented Item 6.2.2 and the report was taken as ‘read’. The paper sought the approval of the CCG Governing Body in relation to the designated levels of authority given to the Northern Lincolnshire Healthy Lives, Healthy Futures (Sustainable Services) Programme Board. Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> ● Concern regarding the delegation to the 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Noted the report, and approved the designated levels of authority given to Northern Lincolnshire’s Healthy Lives, Healthy Futures (Sustainable Services) Programme Board 	<p align="center">AC</p>

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<p>Programme Board in relation to: -</p> <ul style="list-style-type: none"> ○ Approval of the Programme process and key decisions not reserved to the Clinical Commissioning Group Governing Body or Partnership Board. This shall include (but not be limited to) approval of the long list of options, evaluation criteria and short list of options for pre-consultation engagement ○ Management and ratification of all documentation in relation to the External Assurance Process, pre-consultation engagement process and formal consultation process ○ It was queried whether the delegation process would only leave the Governing Body the right to approve a single option <ul style="list-style-type: none"> ▪ It was agreed that the CCG Governing Body worked closely and were represented on the Programme Board ▪ It was felt that although the final approval of the preferred option prior to formal consultation would be made by the CCG Governing Body, a more secure arrangement would be for the Governing Body to ratify a set of options, rather than delegate to the Programme Board ○ It was queried whether a decision had been made to allow a second round of engagement on a range of options <ul style="list-style-type: none"> ▪ It was confirmed that some areas of change may not need consultation, but that more than one option would be shared ● Membership – North Lincolnshire CCG (page 4) <ul style="list-style-type: none"> ○ It was agreed that ‘Chair’ was correct but that ‘Council of Members (and representing Doncaster CCG)’ should be deleted as MS attended in her capacity as 		

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<p align="center">Chair of the CCG</p> <p>6.2.3 Report: Keeping Well and Living an Independent Life</p> <p>JE presented Item 6.2.3 and the lengthy report was taken as 'read'.</p> <p>JE advised that the CCG had recognised that to secure the required transformational change to deliver sustainable health services in the future, the public needed to feel that they had sufficient support to keep themselves healthy and to live independently. The report provided the findings of the 'Keeping Well and Living an Independent Life' project. This project, using Experience Led Commissioning (ELC) principles, aimed to engage with 160 members of the local population to gain an understanding of what they felt they needed to enable them to keep themselves well. The project actually engaged over 200 people at 14 different events, namely;</p> <ul style="list-style-type: none"> • families with preschool children, • families with school children, • families with children living with disabilities, • care home residents and staff, • older people who live independently, • people in recovery, • people who use GP services, • people who work in public services (Scunthorpe General Hospital and North Lincolnshire Council) <p>It was noted that further engagement was required with housebound patients and young adults in education.</p> <p>The report would be shared with Health and Well-being Board members, and the relevant sections shared with the groups who participated in them.</p> <p>CCG Governing Body members were asked to acknowledge and agree the publishing of the report on the North Lincolnshire CCG website, feeding the key messages from the work into the Healthy Lives, Healthy Futures engagement process, the 2014/15 Commissioning Plan and the Joint Strategic Needs Assessment.</p> <p>Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> • Main Report (<i>pages 4 to 5</i>): five key building blocks for keeping well <ul style="list-style-type: none"> ○ Independence ○ Mobility is a significant 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the content of the report • Approved the posting of the report onto the North Lincolnshire CCG website 	<p align="center">JE</p>

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<ul style="list-style-type: none"> ○ determinant of independence ○ Learning life skills ○ Enabling purpose: caring for others ○ Strong support networks ● Main Report (pages 6 to 8): Top 10 insights ● Main Report (pages 8 to 10): High impact actions for commissioners ● It was agreed that the report provided a ‘wealth’ of information ● Main Report (<i>pages 59 to 60</i>): Bold Steps: <ul style="list-style-type: none"> ○ Discussion regarding: <p><i>‘The group also described work to create new outcome measures (see chapter Person Centred Outcomes). People suggested measuring routinely the value services are adding around keeping people well and independent and said that the CCG should be looking at how it can use the hundreds of interactions with local people that happen every day in GP practices and hospitals already to do this. This would require the CCG finding ways of connecting with people using the system so there is an on-going, live ‘conversation’ between the CCG and local people about how things are progressing towards creating a system that supports keeping well and living an independent life’</i></p> <ul style="list-style-type: none"> ▪ It was recommended that the CCG needed to take forward ● It was suggested that this could link in with the Adolescent Lifestyle Survey ● It was acknowledged that ‘Keeping Well and Living an Independent Life’ is a large part of ‘Healthy Lives, Healthy Futures’ ● It was agreed that a workshop/further discussion should take place to look at the report in more detail, to ensure that the key messages were incorporated into every aspect of the commissioning process 	<p>Action: A workshop/ further discussion should take place to look at the report in more detail</p>	<p>Chair</p>

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7.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>7.1 Board Assurance Framework (BAF) JP presented Item 7.1 and the report was taken as 'read'. The report informed the CCG Governing Body of the highest rated risks identified (risks scored at 15 and above). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • There were currently 5 risks on the Assurance Framework, which were reviewed on 8 July 2013 by the CCG Senior Management Team and by the Quality Group on 25 July 2013. The following changes were noted: <ul style="list-style-type: none"> ○ Q2 – Gaps in assurance were updated ○ Q4 – Assurance on controls updated ○ AO1 – Positive/External Assurance and Gaps in control updated <ul style="list-style-type: none"> ▪ Quality Group (25/07/13) queried if risk had increased as timescales had slipped <ul style="list-style-type: none"> ○ Timelines to be reflected at the next review ○ FP3 – Assurance on controls updated ○ All changes were noted in bold on the assurance framework ○ No risks were added or removed ○ There were no changes to AO3 • Concerns relating to 'reporting issues' discussed <ul style="list-style-type: none"> ○ It was queried whether this issue had been logged on the risk register 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the Board Assurance Framework and noted that it gave sufficient evidence that key risks were being managed effectively 	<p align="center">JP</p>
<p>7.2 North Lincolnshire CCG Quality Group Terms of Reference KR presented Item 7.2 and the report was taken as 'read'. The Quality Group were proposing amendments to their Terms of Reference, in order to minimise quoracy issues. The membership had been split into members and virtual members, with GP membership increased. Quoracy had been amended to require 40% of members, and one GP to be present. The CCG Medical Director (RJF) had agreed to prioritise these meetings, and the QIPP lead (AL) would attend alternate meetings. An additional GP was being sought to join the group, in order to enhance GP representation.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the revised Quality Group Terms of Reference 	<p align="center">KR</p>
<p>7.3 Corporate Policies 7.3.1 Freedom of Information and Environmental Information Regulations Policy KR presented Item 7.3.1 and the report was taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The policy had been presented and discussed at a Quality Group meeting, although this had been omitted from the 'consultation' section on the front cover sheet • It was queried why the two policies had been merged to create one policy <ul style="list-style-type: none"> ○ It was felt that the policies had been merged as the requirements 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the Freedom of Information and Environmental Information Regulations Policy 	<p align="center">KR</p>

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<p>were the same</p> <ul style="list-style-type: none"> • The volume of Freedom of Information requests received, was discussed <ul style="list-style-type: none"> ○ KR confirmed that she had requested an annual report, which would be presented to the Quality Group in due course <p>7.3.2 Flexible Working AC presented Item 7.3.2 and the report was taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The policy had been discussed at staff meetings, the Audit Group and Quality Group • The Joint Trade Union Partnership Forum would be part of the ratification process • The policy was compliant with employment law, and had been modified for local use • It was noted that the CCG did not have any employees on 'zero hours' contracts <p>7.3.3 Whistleblowing AC presented Item 7.3.3 and the report was taken as 'read'. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The policy had previously been submitted to the Joint Trade Union Partnership Forum, and the CCG Audit and Quality Group. Although approved by these committees, the policy had been updated further to reflect subsequent legal advice received. The updates had been identified using tracked changes. The Governing Body were asked, as a minimum, to approve the original version of the policy (without tracked changes) • In addition to this, the Governing Body were asked to approve the revised version (with tracked changes), and advise if it needed to be submitted to any other committee • The revised policy would be submitted to the Joint Trade Union Partnership Forum again, should the tracked change version be accepted • Item 6.3, Step 3 (<i>page 8</i>) <ul style="list-style-type: none"> ○ IR confirmed that he was happy for his details to be included in the contact list 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Reviewed and approved the Flexible Working Policy <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the revised Whistleblowing Policy (the version with tracked changes) • Noted that the policy would be submitted to the Joint Trade Union Partnership Forum, for ratification 	<p>AC</p> <p>AC</p>
<p>7.4 North Lincolnshire CCG Equality and Diversity Plan 2013-2015 JM presented Item 7.4 and the report was taken as 'read'. The document outlined the CCG's commitment to the Equality Act 2010 and Human Rights Act 1998, and how the CCG planned to achieve compliance with the Acts, to ensure the North Lincolnshire population had equality of access to services, regardless of any protected characteristics they had. The plan set out key actions required to ensure this both strategically and</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the Equality and Diversity Plan 2013-2015 	<p>JM</p>

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<p>at a work stream level.</p> <p>The document also provided the CCG self-assessment against the NHS Equality Delivery System (EDS) Tool. The EDS aimed to assist organisations to achieve compliance with the Public Sector Equality Duty by encouraging them, in engagement with stakeholders, to review their equality performance and to identify future priorities and actions.</p> <p>Whilst the majority of criteria were considered to be either achieving, or developing, one area was currently scored as undeveloped; <i>‘the organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes’</i>. The plan incorporated relevant actions to improve performance against the EDS outcome measures. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Item 1.5 in the Goal Outcome Table (<i>page 10</i>) ‘Public Health vaccination and screening programme reach and benefit all local communities and groups’ <ul style="list-style-type: none"> ○ It was queried why that the ‘rating’ was not scored ○ The screening programme was now the responsibility of NHS England, and not the CCG ○ FC, as Director of Public Health provided the CCG with the required ‘assurance’ • Race (<i>page 15</i>) <ul style="list-style-type: none"> ○ It was noted that <i>‘people from Black and Minority Ethnic (BME) communities currently made up 4% of our population’</i> ○ In the North Lincolnshire Joint Health and Wellbeing Strategy 2013-2018 (Item 7.12 on the agenda), the figure quoted was 7.2% ○ It was agreed that the figures needed to be checked and one of the documents needed to be amended • Ensure appraisals are in place for all staff (<i>page 24</i>) <ul style="list-style-type: none"> ○ It was noted that the action related to ‘all staff’, including Governing Body members ○ AC and MS to discuss further outside of the meeting • JM, Quintina Davies and Jane Ellerton were ‘commended’ for their work on the plan 	<p>Action: FC to check figures</p> <p>Action: AC and MS to discuss Governing Body appraisals</p>	<p>FC</p> <p>AC MS</p>
<p>7.5 Finance Report – Month 3 (June 2013)</p> <p>TP presented Item 7.5 and the report was taken as ‘read’. The report briefed members on the finance position and achievement of duties so far for 2013/2014, as at the end of June 2013. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The CCG has reported achievement of all its key financial targets, including management of its cash balances to the target level • Cash Flow Management (<i>page 12</i>) <ul style="list-style-type: none"> ○ At the end of month3, the CCG ledger cash book balances totalled £33k, which was below 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Finance Report and supported its future development 	<p>TP</p>

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<p>the 5% of drawdown (£562k) maximum bank balance allowable to February 2014</p> <ul style="list-style-type: none"> ○ The Commissioning Support Unit (CSU) continue to work closely with SBS on the CCG's behalf to achieve cash targets ● Payment of Invoices Performance (<i>page 16</i>) <ul style="list-style-type: none"> ○ Two systems for invoice payments were currently being used, with 'glitches' occurring between the two systems, therefore, struggling to get invoices paid on time ○ It was noted that invoice performance was expected to 'dip' ● QIPP (<i>pages 5 and 10</i>) <ul style="list-style-type: none"> ○ The in-year savings target was currently being delivered, largely as a result of those measures that had been formally incorporated within acute contract reductions, and those savings from the prescribing scheme ○ There was slippage so far against the CCG's recurrent QIPP plans this year, and work was being undertaken to secure delivery of the remaining QIPP work-streams through the commissioning work plan supported by the CSU and work within the CCG with practices ● The 'Spending Review' was discussed ● Continuing Care (<i>page 8</i>) <ul style="list-style-type: none"> ○ Further work was being undertaken now that the CCG had been able to partially overcome the national information governance issues and validate expenditure on continuing care, and in particular to validate the CCG's financial commitments and recharges of jointly funded work to the council. This information should be available from month 4 onwards and would be used to refine the reported continuing care services position (i.e. Section 4 and Lines 20 to 24) which were reported in the operating cost statement ○ It was noted that there had been a delay in recruitment within Continuing Care, this was now being taken forward ○ It was noted that the national information governance issues relating to patient identifiable information, and the validation of expenditure on continuing care, was not impacting on patient care ○ Issues were being worked through 		
<p>7.6 Performance Report (April 2013 Position) TP presented Item 7.6 and the report was taken as 'read'. The report informed CCG members of the corporate performance position. Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> ● New Indicators/Exceptions: Constitution Indicators <ul style="list-style-type: none"> ○ Diagnostic 6 Week Waits ○ A&E 4 Hour Waits 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Received and noted the report and were assured that areas of underperformance were being addressed at a local 	<p>TP</p>

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<ul style="list-style-type: none"> ○ 31 Day Cancer Waits – Subsequent Surgical Procedures ○ Ambulance 8 Minutes RED 1 ○ Ambulance 19 Minutes ○ Mental Health CPA ● New Indicators/Exceptions: Constitution Indicators: Local <ul style="list-style-type: none"> ○ Clostridium Difficile ● Indicators Removed <ul style="list-style-type: none"> ○ None ● Indicators Amended <ul style="list-style-type: none"> ○ None ● Other Issues/Comments: <ul style="list-style-type: none"> ○ This was the first 2013/2014 report in its new format ○ The CCG Engine Room was asked to comment on its presentation and content ○ There were still a number of areas in development that would progress over the first quarter of 2013/2014, and a large number of the outcomes indicators were either quarterly or annual ● Specific areas highlighted: <ul style="list-style-type: none"> ○ Discussion regarding the ‘timeliness’ of information ○ It was acknowledged that some information is only available quarterly ○ C25 (Mental Health Care Programme Approach) <ul style="list-style-type: none"> ● Query from RJF, Clinical Lead for Mental Health, regarding updated position information ○ Infection Control <ul style="list-style-type: none"> ● KR to pick up outside of the meeting 	<p>level to meet agreed targets and commitments</p>	
<p>7.7 Keogh Review Report</p> <p>KR presented Item 7.7 and the report was taken as ‘read’. CCG Governing Body members were asked to note and discuss the findings and recommendations of the Keogh Mortality Review.</p> <p>As well as the national overview report, which outlined all key findings and recommendations, final reports for Northern Lincolnshire & Goole Hospitals NHS Foundation Trust were available. Documents were:</p> <ul style="list-style-type: none"> ● Rapid Responsive Review (RRR) report This report detailed the findings from the announced visits, the unannounced visits and other hard and soft data collected on the Trust ● Risk Summit Action Plan This report detailed the actions and recommendations that were agreed at the Risk Summit. It also detailed the next steps in the process <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ● KR provided background information regarding the Keogh Mortality Review 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Discussed and noted the Keogh Review Report 	<p>KR</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> ○ Robust process and triangulated approach used by the team to prepare the Rapid Response Review report ○ Some 'good practice' had been acknowledged ○ Urgent Actions detailed on page 5 of the report ○ A community-wide Mortality Action Plan had been in place since 2011 ○ Actions: <ul style="list-style-type: none"> ▪ Mortality Action Plan being reviewed and refocused ▪ Reviewing position regarding contractual levers ▪ Discussions with the Commissioning Support Unit regarding reviewing action plans ▪ Work on-going in relation to Stroke Services <ul style="list-style-type: none"> • Commissioners have joint responsibility • The CCG had already identified and requested Northern Lincolnshire and Goole Hospitals NHS Trust to take action prior to the Keogh report ○ The CCG welcomed the report as it now gave a renewed focus ○ SHMI scores were discussed. It was agreed that only nationally published data should be used ○ Governance and leadership issues were discussed. It was queried what the collaboration would be <ul style="list-style-type: none"> ▪ It was noted that no further information had been received to date ▪ It was agreed that the CCG actively supported the work ○ Stroke Services <ul style="list-style-type: none"> ▪ Meeting with the national lead on 22 August 2013 		
<p>7.8 The Standardised Hospital Mortality Index in Northern Lincolnshire and Goole – Report of the Health Scrutiny Panel, North Lincolnshire Council</p> <p>KR and DG presented Item 7.8 and the report was taken as 'read'. CCG Governing Body members were asked to discuss and note the report prepared by the Health Scrutiny Panel, North Lincolnshire Council, regarding the Standardised Hospital Mortality Index in Northern Lincolnshire and Goole.</p> <p>Apologies were noted from Councillor Jean Bromby, Chairman of the Health Scrutiny Panel.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Discussed and noted the Standardised Hospital Mortality Index in Northern Lincolnshire and Goole – Report of the Health Scrutiny Panel, North Lincolnshire Council 	<p>KR DG</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The report was currently with the publications department within North Lincolnshire Council, therefore a 'draft' version of the report had been shared • The work was undertaken prior to the Keogh Review work • The report highlights 15 recommendations (<i>pages 6 and 7</i>) • Within the report, the panel acknowledged the great deal of work that had been undertaken to address the poor performance of the SHMI • The panel had said <i>'our general view is that the Trust is performing well in the majority of its services, and reacting appropriately to the changing environment'</i> (<i>page 23</i>) • CCG members welcomed the Scrutiny Panel focus and recognised that the position was changing • The report had been received by the Mortality Action Group and the Engine Room • A response to the report would be prepared • Work was on-going for practices to monitor deaths, relevant tools were being sought, to improve practice • Coroners systems discussed 		
ITEMS FOR AWARENESS AND NOTING		
<p>7.9 Transfer Order from NHS North Lincolnshire Primary Care Trust (PCT) to NHS North Lincolnshire Clinical Commissioning Group (CCG) KR presented Item 7.9 and the report was taken as 'read'. Governing Body members were asked to receive and note the Transfer orders as a receiver organisation, following NHS reorganisation from April 2013.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Transfer Order 	KR
<p>7.10 Annual Reports</p> <ul style="list-style-type: none"> • Infection, Prevention and Control • Safeguarding Adults • Safeguarding Children • Looked After Children <p>KR presented Item 7.10 and the report was taken as 'read'. The report provided the Governing Body with assurance on safeguarding arrangements (both children and adults), Looked After Children and Infection, Prevention and Control arrangements across North Lincolnshire. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ○ All annual reports had been discussed at the Quality Group 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Annual Reports 	KR
<p>7.11 CCG Quality Group Minutes – 23 May and 27 June 2013 KR presented Item 7.11 and the report was taken as 'read'. The CCG Quality Group minutes were for information only.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the CCG Quality Group minutes. 	KR
<p>7.12 North Lincolnshire Joint Health & Wellbeing Strategy 2013-2018 FC presented Item 7.12 and the report was taken as 'read'. The Strategy was discussed and approved at the Health and</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the report 	FC

Public CCG Governing Body Meeting (10 October 2013) – Item 3.0

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Wellbeing Board on 14 June 2013. Governing Body members were asked to receive and note the report.		
8.0 PUBLIC QUESTION TIME		
<p>Two questions/issues were raised by members of the public relating to:</p> <ul style="list-style-type: none"> • Car Parking Policy A query was raised regarding the increase in car parking charges at NLaGFT. MS agreed to look into the matter further • NICE Technology Appraisals/NICE Compliance A member of the public from a pharmaceutical company raised a query regarding the above. It was agreed that MS would discuss further outside of the Governing Body meeting 	Decision: Noted	Chair
9.0 ANY OTHER BUSINESS		
<p>9.1 Urgent Items by Prior Notice A formal ‘thank you’ was expressed to Karen Rhodes for her work within the CCG as she would be retiring on 30 August 2013. Catherine Wylie would start on 2 September 2013.</p>		
10.0 DATE AND TIME OF NEXT PUBLIC MEETING		
<p>Thursday 10 October 2013 13:30 Board Room, Health Place, Brigg</p>	Decision: Noted	Chair
11.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
11.1 No additional items circulated		Chair