

<b>MEETING:</b>	14 <sup>th</sup> Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 <b>GOVERNING BODY</b>
<b>MEETING DATE:</b>	Thursday 12 June 2014	
<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> )	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Allison Cooke ( <i>AC</i> )	Chief Officer	NHS North Lincolnshire CCG
Therese Paskell ( <i>TP</i> )	Chief Finance Officer & Business Support	NHS North Lincolnshire CCG
Caroline Briggs ( <i>CB</i> )	Director of Commissioning	NHS North Lincolnshire CCG
Catherine Wylie ( <i>CW</i> )	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG
Dr Fergus Macmillan ( <i>FM</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler ( <i>RJF</i> )	CCG Member/General Practitioner/Medical Director	NHS North Lincolnshire CCG
Dr James Mbugua ( <i>JM</i> )	CCG Member/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
Frances Cuning ( <i>FC</i> )	Director of Public Health	North Lincolnshire Council
<b>IN ATTENDANCE:</b>		
Clare Smith ( <i>CS</i> )	PA ( <i>Note Taker</i> )	NHS North Lincolnshire CCG
John Pougher ( <i>JP</i> )	Assistant Senior Officer; Quality and Assurance <i>In attendance for Item 7.1 and 7.2.1 only</i>	NHS North Lincolnshire CCG
Steve Foster ( <i>SF</i> )	Contract Manager – Continuing Care <i>In attendance for Item 7.6 only</i>	North Yorkshire and Humber Commissioning Support Unit

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Andrew Lee ( <i>AL</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Nick Stewart ( <i>NS</i> )	CCG Member/General Practitioner	NHS North Lincolnshire CCG

<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 fourteenth meeting 'in public' of the Clinical Commissioning Group Governing Body. Apologies were noted, as detailed above.	<b>Decision:</b> Noted	Chair
<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 14 APRIL 2014</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 14 APRIL 2014</b>		
<ul style="list-style-type: none"> <li><b>Item 6.1: CCG Commissioning Plan – Running Cost Allowance</b> TP confirmed that an error highlighted previously had been corrected</li> </ul>	<b>Decision:</b> Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>• <b>Item 6.1: CCG Commissioning Plan – <i>Better Care Fund Plan</i></b> It was confirmed that the Joint Board Terms of Reference would be presented to the next Governing Body meeting on 14 August 2014</li> <li>• <b>Item 6.1: CCG Commissioning Plan – <i>Strategic Plan</i></b> The final draft of the Strategic Plan was due to be presented under Item 6.1 on the agenda</li> <li>• <b>Item 6.3: Communications and Engagement Strategy – <i>Database Name</i></b> The database name ‘Embrace’ had now been chosen. To be presented under Item 6.3 on the agenda</li> <li>• <b>Item 6.3: Communications and Engagement Strategy – <i>Reimbursement Policy</i></b> The Reimbursement Policy was approved by the Remuneration Committee</li> <li>• <b>Item 6.4: Public Health Annual Report 2013: <i>Adolescent Lifestyle Survey</i></b> FC advised that the Adolescent Lifestyle Survey would be presented to the CCG Governing Body meeting on 14 August 2014</li> <li>• <b>Item 6.4: Public Health Annual Report 2013: <i>Primary Lifestyle Survey</i></b> FC advised that the results of the Primary Lifestyle Survey had been circulated, and would be covered in the report to the CCG Governing Body meeting on 14 August 2014</li> <li>• <b>Item 7.3: CCG Quality Group Terms of Reference: <i>Secondary Care Doctor to be a full member of the group</i></b> To be discussed further, once a Secondary Care Doctor is appointed. Two expressions of interest had been received to date, which were being progressed</li> </ul>		
<b>5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
Nothing discussed.	<b>Decision:</b> Noted	
<b>6.0 CLINICAL COMMISSIONING</b>		
<b>ITEMS FOR APPROVAL</b>		
<p><b>6.1 North Lincolnshire Strategic Plan 2014/2015 – 2018/2019</b></p> <p>CB presented Item 6.1 and the report was taken as ‘read’. The document and appendices formed the final draft strategic plan for the North Lincolnshire unit of planning. The plan reflected the requirements set out in the planning guidance ‘Everyone Counts; Planning for Patients 2014/2015 – 2018/2019’ and was due for submission to NHS England on 20 June 2014. The CCG Governing Body were asked to consider the final draft, identify any further changes, and delegate final approval to the CCG Chair and Chief Officer.</p> <p>An amended report front sheet, together with a ‘plan on a page’ was tabled. The amendment had been made further to a recent update from NHS England to the Atlas data, on which the ambitions were based. The update had an impact on Ambition 5: Patients having a positive experience of hospital care. Revised historic data and data from the 2013 in-patient survey were to be used as the baseline. This had involved a correction of previous data points, which had resulted in a</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Supported the final draft document, subject to agreed amendments</li> <li>• Delegated approval of the final version to the Chair and Chief Officer, for submission to NHS England by 20 June 2014</li> <li>• Approved the uploading of the final version onto the North Lincolnshire CCG website</li> <li>• Approved the change of trajectory identified in relation to Ambition 5: Patients having a positive experience of hospital</li> </ul>	DoC CFO&BS

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<p>drop in value of around 25 points on average. The revised calculation showed a significant improvement against the predicted position for 2013. It was therefore proposed that a revised ambition was set, based on the same 1% improvement year on year, against the revised baseline.</p> <p><b>Plan on a Page</b></p> <p>The picture portrayed a single organisational model depicting the shift from hospital based to community based services. Health and wellbeing hubs promoted self-care and independent living, showing a patient centred circle of care, with a balance between quality, patient experience and finance.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• <i>Plan on a Page – Ambition ‘Securing additional years of life. Reduction of 150 per 1000 population by 2018/19’</i> <ul style="list-style-type: none"> <li>▪ It was queried as to what this meant, as it was a questionable ambition</li> </ul> </li> <li>• Strategic Plan (<i>page 6</i>): ‘The CCG is coterminous with the Local Authority (North Lincolnshire Council)’ <ul style="list-style-type: none"> <li>▪ It was suggested that the form of words used in the Better Care Fund Plan should be used to replace the above</li> </ul> </li> <li>• Strategic Plan (<i>page 29</i>): Parity of Esteem <ul style="list-style-type: none"> <li>▪ Discussion took place regarding the mental health funding, and maintaining mental health investment. TP advised that investment was not reducing. The way the expenditure in services for vulnerable people was reported had changed. There was no reduction in budget terms. CB and TP agreed to ensure that this was made clear in the plan</li> </ul> </li> </ul>	<p>care</p>	
<b>ITEMS FOR AWARENESS, NOTING AND RATIFICATION</b>		
<p><b>6.2 Chair/Chief Officer Update</b></p> <p>AC provided a verbal update regarding:</p> <ul style="list-style-type: none"> <li>• <b>Better Care Fund (BCF)</b> The Terms of Reference for the Joint Board would be presented to the CCG Governing Body on 14 August 2014. As part of the assurance process, planning assumptions were being revisited. Further information was required in relation to the data submitted, and the consequential impact on the acute sector. Key pieces of work were taking place: <ul style="list-style-type: none"> <li>○ 7 day social care support</li> <li>○ Rapid Assessment, Time Limited Service (RATL) <ul style="list-style-type: none"> <li>▪ Acts as a bridge between primary/community and secondary care</li> <li>▪ Provides rapid response and short term intervention for frail adults</li> </ul> </li> <li>○ Care Home Service</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the update</li> </ul>	<p>CO</p>

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<ul style="list-style-type: none"> <li>○ Wellbeing Offer <ul style="list-style-type: none"> <li>▪ Launch of wellbeing hubs</li> </ul> </li> <li>• <b>Healthy Lives, Healthy Futures (HLHF)</b> <ul style="list-style-type: none"> <li>○ A gateway review had taken place, and recommendations had been made</li> <li>○ An Extra-ordinary CCG Governing Body meeting was due to take place on 26 June 2014, in public, to approve the options for public consultation</li> </ul> </li> <li>• <b>Elderly Care Fund (ECF)</b> <ul style="list-style-type: none"> <li>○ The Elderly Care Fund is aimed at supporting the role of the Accountable GP, ensuring continuing and coordinated care for the elderly population</li> <li>○ Aligns with the Better Care Fund (BCF) and the Plan on a Page (<i>discussed under item 6.1</i>)</li> </ul> </li> <li>• <b>CCG Assurance</b> <p>The CCG Quarter 4 Assurance meeting with the NHS England Area Team took place on 3 June 2014. Provisionally, following assessment against the six assurance domains, the CCG were assured, with the exception of the 'are patients receiving clinically commissioned, high quality services' domain, which was 'assured with support'. The Area Team would work with the CCG with regard to this domain</p> <p>Once the summary report is received, it will be placed on the CCG website in the public domain.</p> </li> </ul>		
<p><b>6.3 Launch of Embrace – Community Based Involvement Membership Scheme</b></p> <p>CB presented Item 6.2 and the report was taken as 'read'. The report provided information about the launch of 'Embrace', the CCG's new community based involvement membership scheme.</p> <p>Once registered, a member of Embrace would be informed of upcoming meetings, events, surveys and focus groups relating to healthcare in the local area, providing an opportunity to influence local health services, and work together with the CCG to improve them.</p> <p>Membership forms were passed to members of the public at the meeting, and would be forwarded to a wide range of key stakeholders in due course.</p> <p>Registration can be via the completion of a form or online through the North Lincolnshire CCG website <a href="http://www.northlincolnshireccg.nhs.uk/embrace">www.northlincolnshireccg.nhs.uk/embrace</a></p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the establishment of the Embrace Membership Scheme</li> <li>• Noted the plan for promoting the membership</li> <li>• Supported the promotional activity and encouraged members of the community to sign up</li> </ul>	<p>DoC &amp; ESM</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>7.0 CORPORATE GOVERNANCE AND ASSURANCE</b>		
<b>ITEMS FOR DISCUSSION AND/OR APPROVAL</b>		
<p><b>7.1 Board Assurance Framework</b> JP presented Item 7.1 and the report was taken as 'read'. The report informed the Governing Body of the key strategic risks identified for North Lincolnshire CCG. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• A04: Better Care Fund (BCF) It was suggested that the risk needed to be separated into two separate risks (one regarding activity and one regarding finance). It was agreed that risk AO4 should be reworded.</li> <li>• Suggestion made that risk FP1 could be updated to include the BCF financial risks</li> <li>• A02: Patient Safety It was suggested that the likelihood current risk score should increase from 3 to 4. It was noted that the CQC report on its recently undertaken inspection of the Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) was still awaited. It was agreed that risk A02 should be updated and reworded to be more specific</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Approved the Board Assurance Framework and were assured that it gave sufficient evidence that key risks were being managed effectively</li> </ul>	ASO Q&A
<p><b>7.2 Annual Governance</b></p> <p><b>7.2.1 CCG Annual Governance Statement</b> JP presented Item 7.2.1 and the report was taken as 'read'. The document demonstrated that the CCG had appropriate sound governance arrangements in place. The statement had been developed with support from the North Yorkshire and Humber Commissioning Support Unit (NYHCSU). It had been reviewed by internal and external audit, and changes had been made in line with the recommendations made. The statement had also been incorporated, as required, into the CCG Annual Report.</p> <p><b>7.2.2 External Audit Annual Governance Report</b> TP presented Item 7.2.2 and the report was taken as 'read'. The Governing Body were asked to note and discuss the recommendations of external auditors, and agree action to be taken. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>○ Assessment of the control framework (Commissioning Support Unit and third party operated) (page 7) <ul style="list-style-type: none"> <li>• No issues arising</li> </ul> </li> <li>○ Appendix A: Key issues and recommendations (page 13) <ul style="list-style-type: none"> <li>• Quality Assurance arrangements</li> <li>• Disputed invoices with main provider</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Approved the North Lincolnshire CCG Annual Governance Statement</li> </ul> <p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the External Audit Annual Governance Report, and discussed and agreed the actions to be taken</li> </ul>	DoR&QA  CFO&BS

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<p><b>7.3 Infection Prevention &amp; Control Annual Report 2013/2014</b></p> <p>CW presented Item 7.3 and the report was taken as 'read'. North Lincolnshire CCG has a general responsibility as a commissioning body to satisfy itself that contractors have appropriate systems in place to keep patients, staff and visitors safe from healthcare acquired infections, so far as is reasonably practicable. The Governing Body have collective responsibility for minimising the risk of infection. Arrangements are in place in order to provide the required assurance that the above responsibility is being effectively discharged. The report provided the Governing Body with an annual overview of infection rates, progress against nationally determined targets for Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (CDiff), trends, outbreaks and collaborative working with providers across North Lincolnshire and the wider health economy.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• MRSA (<i>page 4</i>) <ul style="list-style-type: none"> <li>○ Target of 0 (zero tolerance approach) for 2013/2014</li> <li>○ For 2013/2014 there were 3 cases apportioned to North Lincolnshire residents, representing a breach of 3 cases <ul style="list-style-type: none"> <li>• 2 were assigned as being 'community' apportioned</li> <li>• 1 was 'hospital' apportioned</li> </ul> </li> <li>○ North Lincolnshire CCG experienced a significant reduction in MRSA bacteraemia cases during 2013/2014, compared to previous years</li> <li>○ Following identification of a MRSA bacteraemia, a rigorous investigation is undertaken to understand the series of events which led to the bacteraemia. A multi-agency meeting is held to discuss the case and identify if the case was preventable. Of the 3 cases detected, the outcome was that all 3 cases were 'not preventable', due to extensive co-morbidities</li> </ul> </li> <li>• Clostridium Difficile (<i>page 5</i>) <ul style="list-style-type: none"> <li>○ Target of 32 cases for 2013/2014</li> <li>○ For 2013/2014 there were 34 cases apportioned to North Lincolnshire residents, representing a breach of 2 cases <ul style="list-style-type: none"> <li>• Amendment to the 33 cases highlighted in the report</li> </ul> </li> <li>○ An increase in cases has been experienced, compared to 2012/2013</li> <li>○ A stand-alone action plan has been drafted to document key issues identified, and the actions necessary</li> <li>○ Cases identified locally have been subject to Root Cause Analysis (RCA) processes</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and approved the Infection Prevention &amp; Control Annual Report 2013/2014</li> </ul>	<p>DoR&amp;QA</p>

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<ul style="list-style-type: none"> <li>○ The 2014/2015 target across North Lincolnshire is 37</li> <li>○ It was confirmed that the Clostridium Difficile cases assigned as 'community apportioned cases', were not related to hospital services</li> <li>○ Discussion took place regarding ensuring the lessons learnt were passed to front line staff</li> <li>○ Root causes in North Lincolnshire include the use of high risk antibiotics <ul style="list-style-type: none"> <li>● Contractual levers with regard to antibiotic prescribing were discussed</li> </ul> </li> <li>○ A South Bank Post Infection Review Group was formed during 2013 to review all detected Clostridium Difficile cases, to provide assurance on the methods used to investigate root causes, and apply lessons learnt. For 2014/2015, this would be extended to include a Humber-wide approach and incorporate Primary, Secondary Care and Commissioning</li> </ul>		
<p><b>7.4 Corporate Performance Executive Summary – Month 12 (March 2014)</b></p> <p>TP presented Item 7.4 and the report was taken as 'read'. The report informed Governing Body members on an exception basis of the CCG's corporate performance position.</p> <p>Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>● Referral to Treatment &gt; 52 weeks on 18 week admitted pathway (<i>page 2</i>)</li> <li>● Cancer 62 day GP referral to first treatment (<i>page 2</i>)</li> <li>● East Midlands Ambulance Service (EMAS) Category A Ambulance Response Times – 8 Minute Red 1, Red 2 and 19 minute (<i>page 2</i>) <ul style="list-style-type: none"> <li>○ The EMAS Ambulance Trust performance position is 'amber' for all 3 national indicators</li> </ul> </li> <li>● A&amp;E 4 hour waits (<i>page 3</i>) <ul style="list-style-type: none"> <li>○ Quarter 4 and year end positions achieved the target at 95.8% and 95.4% respectively</li> </ul> </li> <li>● Friends and Family response rates (<i>page 3</i>)</li> <li>● MRSA (<i>page 3</i>)</li> <li>● Clostridium Difficile (<i>page 3</i>)</li> <li>● CCG Quality Premium (<i>pages 3 &amp; 4</i>)</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>● Received and noted the report and were assured that areas of underperformance were being addressed at a local level to meet agreed targets and commitments</li> </ul>	CFO&BS
<p><b>7.5 Finance Report – Month 12 (March 2014)</b></p> <p>TP presented Item 7.5 and the report was taken as 'read'. The report briefed the Governing Body on the finance position, and achievement of duties for 2013/2014 (as at the end of March 2014).</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>● Headlines and Key Messages: Month 12 (<i>page 5</i>) <ul style="list-style-type: none"> <li>○ Better Payment Target (<i>page 5</i>) <ul style="list-style-type: none"> <li>● Two of the four targets achieved</li> </ul> </li> </ul> </li> <li>● 2013/2014 QIPP Delivery (<i>pages 5 &amp; 6</i>)</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>● Received and noted the finance report</li> </ul>	CFO&BS

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<p><b>7.6 Contract Trading Report: March 2014</b></p> <p>SF presented Item 7.6 and the report was taken as 'read'. The report detailed the year to date trading position for the CCG for key providers, as reported in the March 2014 contract monitoring reports, and highlighted the key issues associated with the trading position. The report also provided information on average length of stay for patients admitted from Accident &amp; Emergency at Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT), as a headline indicator of delivery of one of the key benefits of the CCG's unplanned care model.</p> <p>As at the end of February, the trading reports for key providers recorded an overtrade position for the CCG of £2,122,000.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• Summary Trading Position (<i>page 3</i>)</li> <li>• Hull and East Yorkshire Hospitals (<i>page 3</i>)</li> <li>• Northern Lincolnshire &amp; Goole NHS Foundation Trust (<i>page 4</i>)</li> <li>• Leeds Teaching Hospitals (<i>page 5</i>)</li> <li>• Length of Stay (<i>page 5</i>) <ul style="list-style-type: none"> <li>○ The potential saving identified was discussed</li> <li>○ Over the trim point savings figures were requested</li> </ul> </li> <li>• Diagnostic Imaging (<i>pages 4 &amp; 5</i>) <ul style="list-style-type: none"> <li>○ The activity was queried. A breakdown as to how the activity was generated was requested</li> </ul> </li> <li>• Drug Costs (<i>page 5</i>) <ul style="list-style-type: none"> <li>○ The key year on year increases in drug costs are largely driven by increases in charges for cytokine modulators and subfoveal chroidal neovascularisation drugs</li> </ul> </li> <li>• Follow-up Outpatient Appointments (<i>page 4</i>) <ul style="list-style-type: none"> <li>○ The overtrade is largely due to non-delivery by NLaGFT of targeted reductions in the volume of follow up outpatients</li> <li>○ Discussion continues through the Quality and Delivery Group</li> <li>○ Work is continuing to seek and implement changes</li> <li>○ Discussion took place regarding unnecessary appointments</li> <li>○ Discussion took place regarding non-elective activity overtrade</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the contract trading report</li> </ul> <p><b>Action:</b> Over the trim point savings figures to be added to the report</p> <p><b>Action:</b> A breakdown of diagnostic activity to be added to the report</p>	<p>CM</p>
<p><b>7.7 Starting Salaries Policy</b></p> <p>AC presented Item 7.7 and the report was taken as 'read'. The Starting Salaries Policy ensures a consistent approach is adopted by recruiting managers, when establishing the starting salary for appointments to, or within the CCG. The policy reflected the Starting Salaries guidance set out in the Agenda for Change Terms and Conditions of Employment. It was noted that approval from the Joint Trade Union</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Reviewed and approved the Starting Salaries Policy</li> </ul>	<p>CO</p>

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Partnership Forum was still required.		
<p><b>7.8 Travel and Expenses Policy</b></p> <p>AC presented Item 7.8 and the report was taken as 'read'. The Travel and Expenses Policy outlined the rules set out by the CCG for the reimbursement of travel and expenses, which are necessarily incurred by an individual, engaged on business approved by the organisation. The policy implemented the CCG Remuneration Committee's decision to follow Agenda for Change rules regarding travel for all staff, except those expressly excluded, as per the 'Scope' section of the policy (page 6). It was noted that approval from the Joint Trade Union Partnership Forum was still required.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Reviewed and approved the Travel and Expenses Policy</li> </ul>	CO
<b>ITEMS FOR ADOPTION</b>		
<p><b>7.9 Audited Accounts</b></p> <p>TP presented Item 7.9 and the report was taken as 'read'. The Governing Body was asked to adopt the audited accounts, approved by the Audit Group on behalf of the Governing Body on 4 June 2014, and submitted by the deadline of 6 June 2014.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Adopted the accounts for the CCG, having already been approved by the Audit Group on behalf of the Governing Body on 4 June 2014</li> </ul>	CFO&BS
<b>ITEMS FOR AWARENESS AND NOTING</b>		
<p><b>7.10 CCG Quality Group Minutes – 27 March 2014 and 24 April 2014</b></p> <p>CW presented Item 7.10 and the report was taken as 'read'. The CCG Quality Group minutes were for information only.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Received and noted the CCG Quality Group minutes</li> </ul>	DoR&QA
<p><b>7.11 Quality and Risk Report</b></p> <ul style="list-style-type: none"> <li><b>Clinical Assurance Dashboard</b></li> <li><b>Responsibilities and Competencies of Governing Body members (Safeguarding Children)</b></li> <li><b>Action Plan in response to Hard Truths</b></li> </ul> <p>CW presented Item 7.11 and the report was taken as 'read'. The report presented an updated position in relation to some key areas of risk and quality assurance within the CCG. The report informed the Governing Body about the quality and safety of the services it commissioned, and in doing so provided assurance that the CCG was upholding the responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>Provider Dashboard (page 3)</li> <li>Serious Incident Summary Report (page 5) <ul style="list-style-type: none"> <li>Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) <ul style="list-style-type: none"> <li>The CCG were working with the Trust following concerns regarding the number of patient suicides. An</li> </ul> </li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Received and noted the Quality and Risk Report</li> </ul>	DoR&QA

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>external peer review had been requested and further work was ongoing with RDaSH to review their arrangements for inpatients, and in particular the risk assessment process</p> <ul style="list-style-type: none"> <li>▪ It was noted that RDaSH welcomed the investigation</li> </ul> <ul style="list-style-type: none"> <li>• Incident Report (<i>pages 5 &amp; 6</i>)</li> <li>• Safeguarding Children (<i>pages 7 &amp; 8</i>) <ul style="list-style-type: none"> <li>○ Responsibilities and Competencies of Governing Board Members <ul style="list-style-type: none"> <li>▪ A briefing on the responsibilities and competencies had been provided separately</li> <li>▪ It was agreed that a future Governing Body Workshop should focus on safeguarding</li> </ul> </li> </ul> </li> <li>• Safeguarding Adults (<i>pages 8 &amp; 9</i>)</li> <li>• Francis/Hard Truths Actions: Progress Update (<i>page 10</i>) <ul style="list-style-type: none"> <li>○ A revised action plan was attached separately</li> </ul> </li> <li>• Winterbourne/Complex Care (<i>pages 10, 11 &amp; 12</i>) <ul style="list-style-type: none"> <li>○ In the last update report eight users were reported as Winterbourne compliant, this number has increased to ten. All clients are assessed monthly by the North Yorkshire &amp; Humber Commissioning Support Unit (NYHCSU) assessors and the reports are discussed with the CCG</li> </ul> </li> <li>• Patient Experience (<i>page 13</i>)</li> <li>• Infection Control (<i>page 14</i>)</li> <li>• Primary Care Quality (<i>page 15</i>) <ul style="list-style-type: none"> <li>○ Friends and Family Test (FFT) <ul style="list-style-type: none"> <li>▪ The CCG took part in the national pilot for FFT across the stroke pathway. A feedback session took place on 23 May 2014</li> </ul> </li> </ul> </li> </ul>	<p><b>Action:</b> A future Governing Body Workshop to focus on safeguarding</p>	<p>DoR&amp;QA</p>
<p><b>7.12 Patient Safety Incidents: Northern Lincolnshire and Goole NHS Foundation Trust</b></p> <p>CW presented Item 7.12 and the report was taken as 'read'. The Governing Body were asked to note the information within the report, approve the current actions and, if required, make any further recommendations.</p> <ul style="list-style-type: none"> <li>• The CCG had been notified by the Local Authority Safeguarding Team of a number of patient safety incidents, alerted by staff within Northern Lincolnshire and Goole NHS Foundation Trust (NLGFT)</li> <li>• Ten incidents had been reported to the CCG, either from the Local Authority Safeguarding Team or by</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the contents of the report</li> </ul>	<p>DoR&amp;QA</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>NLaGFT, that raise concern about the delivery of care on a variety of ward/service areas</p> <ul style="list-style-type: none"> <li>○ Nine incidents were notified formally to NLaGFT in a letter by AC. At the time of writing the report, details of a further incident had been received</li> <li>● The timescale of the incidents ranged from 15 February 2014 to 8 May 2014</li> <li>● A number of key issues and themes had been identified: <ul style="list-style-type: none"> <li>○ Learning disability and vulnerable patients were involved in some of the cases</li> <li>○ Application of National Early Warning Scores (NEWS) and recognition of the deteriorating patients</li> <li>○ Medical review of patients in a timely manner</li> <li>○ Nutrition and Hydration</li> <li>○ Administration of medication</li> <li>○ Care in the out of hours period</li> <li>○ Media interest and potential whistleblowing for one of the cases to the Yorkshire Post</li> </ul> </li> <li>● The CCG continues to work with NLaGFT to obtain assurance that all areas of concern raised are being investigated, changes are being made to practice where required and lessons are being learnt and shared across the organisation. In addition to that, the following actions are in place: <ul style="list-style-type: none"> <li>○ A meeting had taken place with the NHS England Area Team, the CCG and the Local Authority. The meeting was briefed by the Head of Safeguarding from NLaGFT on the first case that was identified as a serious incident</li> <li>○ An unannounced visit was undertaken to Ward 22 on the 16 April 2014 by CW and Julie Taylor-Clark, Assistant Director of Nursing, North Yorkshire &amp; Humber Area Team. A couple of patient safety issues were fed back to the Trust immediately following this visit</li> <li>○ Discussions have taken place with Monitor and the Care Quality Commission (CQC), as the regulatory bodies</li> <li>○ RJF has made contact with regard to the incidents with NLaGFT's Medical Director</li> <li>○ An Extra-ordinary meeting has taken place of the Quality Surveillance Group, and a formal letter of concern has been sent to Karen Jackson as NLaGFT's Chief Executive Officer (CEO) from the three CCGs – North Lincolnshire, North East Lincolnshire and East Riding. A further meeting is planned to discuss the issues raised with the NLaGFT senior team</li> </ul> </li> <li>● CW advised that the plan was for the CCG:</li> </ul>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> <li>○ To continue to monitor any further incidents or data with regard to patient safety concerns</li> <li>○ To await the outcome of the Safeguarding Investigations</li> <li>○ To seek and monitor further assurance from NLaGFT on their actions and internal investigation</li> <li>○ NLaGFT are noted to be asking an Independent Chair (understood to be a specialist in Safeguarding), to oversee the internal investigation</li> <li>○ A meeting between the three CCGs and NLaGFT is in place to seek further assurance that patients are receiving safe and appropriate care</li> <li>● Specific areas highlighted/discussed by Governing Body Members: <ul style="list-style-type: none"> <li>○ RJF, Medical Director and GP Member: <ul style="list-style-type: none"> <li>▪ Some of the incidents involved vulnerable people, elderly people and some involved cases where it was alleged that people had not received food and proper hydration over a period of hours, if not a couple of days</li> <li>▪ Two patients had died. It was not known if the patients would have died if the incidents had not occurred</li> <li>▪ Investigations were not concluded to date, four months after the first incident occurred</li> <li>▪ It was noted that the majority of cases had not been communicated directly to the CCG, but through the Local Authority Safeguarding Team.</li> <li>▪ It was noted that there was evidence of 'whistle-blowing', for example to the Yorkshire Post</li> <li>▪ Serious concern was expressed as to how long this could continue, when there was a lack of confidence that actions were being taken</li> <li>▪ Deep concern was expressed with regard to not wishing family members to be admitted to Scunthorpe General Hospital, for certain conditions</li> <li>▪ Reference was made to the failings in Mid-Staffordshire, and the subsequent Francis Report</li> <li>▪ It was felt that the CCG had a responsibility to the population of North Lincolnshire to be satisfied</li> </ul> </li> </ul> </li> </ul>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>that appropriate processes were in place, and at this time the CCG could not be assured until the investigations were concluded</p> <ul style="list-style-type: none"> <li>○ It was queried whether the Care Quality Commission report had been received or whether Monitor had provided feedback <ul style="list-style-type: none"> <li>▪ No feedback had been received to date</li> </ul> </li> <li>○ Concern was expressed regarding patients who were unable to communicate their needs, and the use of the Advocacy Group. It was felt that this could be discussed further with Healthwatch</li> <li>○ AC advised that, at this time, she could not be confident that things were as they needed to be, on a daily basis, for every patient</li> <li>○ It was acknowledged that there may be explanations for each incident</li> <li>○ RJF confirmed that there may be explanations as to why a vulnerable patient doesn't have food or water over a period of time, but questioned whether this was reasonable or justified. Questions also needed to be asked when members of staff had failed to identify that the patients were not being cared for in a humanitarian way</li> <li>○ IR stated that as the incidents were mostly at Scunthorpe, the Governing Body should be concerned</li> <li>○ Systems and processes were discussed. It was noted that there was a need to understand what had happened to result in the incidents</li> <li>○ It was noted that CW was liaising with the Local Authority with regard to the progress of the investigations</li> </ul>		
<p><b>7.13 CCG Audit Group Minutes: 4 March 2014</b> TP presented Item 7.13 and the report was taken as 'read'. The CCG Audit Group minutes were for information only.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the CCG Quality Group minutes</li> </ul>	CFO&BS
<p><b>7.14 Audit Group Annual Report</b> PE presented Item 7.14 and the report was taken as 'read'. The report advised the Governing Body of the activities of the Audit Group for the period from 1 June 2013 to 31 May 2014, providing assurance that the Audit Group had fulfilled its functions, and confirmed areas for development. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> <li>• It was pleasing to record that all statutory financial duties were met and improvements made to the 'administrative' duties e.g. Better Payment Practice Code performance. The work of the CCG and Commissioning Support Unit (CSU) was</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the Audit Group Annual Report</li> </ul>	Chair of Audit Group

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
acknowledged, in order to achieve these objectives		
<p><b>7.15 Joint Breastfeeding Policy</b></p> <p>AC presented Item 7.15 and the report was taken as 'read'. The policy was for the Governing Body to receive and note, and had been amended in line with the changes to the UNICEF Baby Friendly standards.</p> <p>The policy had been shared with CCG Engine Room members for comment. Feedback had been received. Specific areas highlighted related to the language used regarding supplementary feeds, which may make mothers feel guilty, and the use of dummies, once breast feeding was established. It was agreed that the comments made would be forwarded to the Breastfeeding Leads, for their information.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Received and noted the Joint Breastfeeding Policy</li> </ul>	CO
<b>8.0 PUBLIC QUESTION TIME</b>		
<p>A number of questions/issues were raised by members of the public relating to:</p> <ul style="list-style-type: none"> <li><b>Personal Budgets</b> A member of the public queried who she needed to contact regarding a personal budget that had been allocated to her partner. CB agreed to discuss the issue outside of the public meeting</li> <li><b>Patient Safety Incidents (<i>Agenda Item 7.12</i>): What action are the CCG taking, and how many more incidents would occur before it is sorted?</b> RJF stressed that the CCG were taking all appropriate actions to ensure an outcome was reached that the CCG was confident with. It was noted that investigations were still active, but the CCG was on the case. It was agreed that the public would be kept informed of progress</li> <li><b>Bowel Problems Seminar: Funding for a Bowel Procedure</b> Funding for a bowel procedure that had been highlighted at a recent seminar at Northern Lincolnshire &amp; Goole NHS Foundation Trust (NLaGFT) was queried. It was noted that the CCG was aware of the procedure in question. A business case had not been received and discussed to date. It was highlighted that the procedure was not routinely commissioned, due to strict criteria. It was noted that within North Lincolnshire, if appropriate, access to the procedure could be approved via an individual funding request, and a number of people had received treatment at Hull. It was highlighted that North East Lincolnshire CCG may take a different approach</li> <li><b>Patient Representation on NHS111 Regional Group</b> A member of the public queried why he had not received any further information regarding becoming a patient representative on the Humber-wide NHS111 group. CW advised that the group was chaired by Hull CCG, and she would make contact with Hull and pick the issue up outside of the meeting</li> <li><b>Patient Safety Incidents (<i>Agenda Item 7.12</i>): Where were the</b></li> </ul>	<b>Decision:</b> Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>two deaths?</b> It was confirmed that one death was at Scunthorpe General Hospital and one death was at the Diana, Princess of Wales Hospital in Grimsby</p> <ul style="list-style-type: none"> <li> <p><b>Patient Safety Incidents (Agenda Item 7.12): How long has it been going on?</b> It was queried how long the incidents had been going on. It was confirmed that the CCG had been notified by the Local Authority Safeguarding Team of a number of patient safety incidents, alerted by staff within Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT). Ten incidents had been reported to the CCG, either from the Local Authority Safeguarding Team or by NLaGFT, which raised concern about the delivery of care on a variety of ward/service areas. The timescale of the incidents ranged from 15 February 2014 to 8 May 2014. Key issues and themes had been identified (as detailed under Item 7.12)</p> </li> <li> <p><b>Patient Safety Incidents (Agenda Item 7.12): Who was to blame?</b> The CCG were awaiting the outcome of the investigation. It was noted that themes were emerging where some patients may not have received the care that would have been expected. While some incidents may be explained, there was a need to ensure that lessons were being learnt</p> </li> <li> <p><b>Patient Participation Group (PPG) Meetings</b> It was queried when the joint meeting of the Patient Participation Groups would be happening, as this was discussed at the Governing Body meeting in April 2014. It was noted that the launch of 'Embrace' (discussed under Item 6.3) was the first step. Step two would be to develop a forum to bring together the Patient Participation Groups</p> </li> <li> <p><b>Patient Safety Incidents (Agenda Item 7.12): Could this be a Mid Staffs?</b> The failings at the Mid-Staffordshire Trust, which resulted in the Francis Report, were highlighted. The importance of raising concerns was stressed, to avoid potentially bigger issues. It was noted that the timely application of robust procedures was intended to ensure that a Mid-Staffordshire type situation would be avoided</p> </li> </ul>		
<b>9.0 ANY OTHER BUSINESS</b>		
<p><b>9.1 Urgent Items by Prior Notice</b> No urgent items were discussed.</p>		
<b>10.0 DATE AND TIME OF NEXT PUBLIC MEETING</b>		
<p>Thursday 14 August 2014 13:30 Board Room, Health Place, Brigg</p>	<p><b>Decision:</b> Noted</p>	<p>Chair</p>
<b>11.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
11.1 Health & Wellbeing Board Minutes – 25 March 2014	<b>Decision:</b> Noted, for information only	CO
11.2 CCG Engine Room – Decisions Made Log – April and May 2014	<b>Decision:</b> Noted, for information only	CO