

MEETING:	15 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 GOVERNING BODY
MEETING DATE:	Thursday 14 August 2014	
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
Bernard Chalk (<i>BC</i>)	Interim Chief Finance Officer	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
Dr Nick Stewart (<i>NS</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
IN ATTENDANCE:		
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 8.1 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Andrew Lee (<i>AL</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Therese Paskell (<i>TP</i>)	Chief Finance Officer & Business Support	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS AND APOLOGIES		
MS welcomed all attendees to the fifteenth meeting 'in public' of the Clinical Commissioning Group Governing Body. Apologies were noted, as detailed above.	Decision: Noted	Chair
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 12 JUNE 2014		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 12 JUNE 2014		
<ul style="list-style-type: none"> Item 6.1: CCG Commissioning Plan – Better Care Fund Plan It was confirmed that the Joint Board Terms of Reference were due to be presented under Item 7.3 on the agenda Item 6.4: Public Health Annual Report 2013: Adolescent 	Decision: Noted	Chair

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<p>Lifestyle Survey FC advised that the outcomes of the Adolescent Lifestyle Survey were due to be presented under Item 8.7 on the agenda</p> <ul style="list-style-type: none"> • Item 6.4: Public Health Annual Report 2013: Primary Lifestyle Survey FC advised that the outcomes of the Primary Lifestyle Survey were due to be presented under Item 8.7 on the agenda • Item 7.3: CCG Quality Group Terms of Reference: Secondary Care Doctor to be a full member of the group To be discussed further once a Secondary Care Doctor is appointed. MS advised that four applicants had been shortlisted, and interviews would take place in early September 2014 • Item 7.6: Contract Trading Report (March 2014): Over the trim point savings figures and a breakdown of diagnostic activity It was noted that the information would be added to future Contract Trading Reports, as requested • Item 7.11: Quality and Risk Report: Safeguarding CW advised that a future Governing Body Workshop would focus on safeguarding • Item 8.0: Public Question Time: Patient Participation Group Meetings MS advised that further to the discussion at the last public meeting on 12 June 2014, dates for future CCG Governing Body meetings in public had been forwarded to GP Practice Managers, for onward circulation to all Patient Participation Group meeting attendees 		
5.0 MINUTES OF THE EXTRA-ORDINARY MEETING HELD ON 26 JUNE 2014		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
6.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
Nothing discussed.	Decision: Noted	
7.0 CLINICAL COMMISSIONING		
ITEMS FOR APPROVAL		
<p>7.1 Individual Funding Request Policy CB presented Item 7.1 and the report was taken as 'read'. The report outlined a proposed refresh to the Individual Funding Request (IFR) policy which had been previously approved by the Governing Body in August 2013. The refresh reflects proposed changes to the IFR process to move from a virtual panel to monthly meetings. The paper included revised Terms of Reference for the IFR Panel (Appendix 2) and the Appeals Panel (Appendix 4). Appendix 9 to the policy set out the individual commissioning policies in place. Full commissioning statements for each are published on the CCG website. These statements were reviewed by the IFR team with Public Health and GP members of the IFR Panel, between the approval of the current policy and 31 March 2014 to reflect latest evidence.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • A query was raised regarding the triage process, as it was felt that the criteria were not clear. MS advised that the IFR request would be received by the IFR team and an initial administrative triage would occur to 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the refreshed Individual Funding Request Policy, including the revised Terms of Reference for the Individual Funding Request Panel (Appendix 2) and the Appeals Panel (Appendix 4), subject to the suggested amendments being made <p>Action: IFR Panel Process Map (Appendix 3) to be reviewed and amended</p>	<p>DoC</p> <p>DoC</p>

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<p>ensure all documentation had been received, prior to a clinical triage by a senior nurse. The senior nurse would assess against policy and precedent decisions. If panel consideration was required, the information would be forwarded to a monthly IFR Panel</p> <ul style="list-style-type: none"> • It was noted that a random selection of both approved and declined requests, which were not considered by the IFR Panel after clinical triage, would be forwarded to the IFR Panel members on a monthly basis, to provide a robust assurance process • 'Exceptionality' was discussed. It was noted that the definition was highlighted under Item 6.2 (page 9) • CB advised that leaflets describing the process would be made available for both members of the public and NHS staff, in due course, which would aid in making the process clearer • IFR process timelines were discussed. It was noted that the overall process should be complete within a 40 working day period, from the date of receipt of a completed request to the date of the decision letter • The composition of the IFR Panel was discussed. It was noted that membership was 4 GPs from the CCG, one of which would be the nominated Chair, and a senior member from Public Health <ul style="list-style-type: none"> ▪ The panel currently had 3 GP members • In the event that a GP member has a conflict of interest with an individual request, they would not take part in the decision making, to ensure that a robust process is maintained • To ensure effective, fair and transparent decision making, the IFR Panel would be quorate with a minimum of 2 panel members 	<p>Action: Leaflets describing the process to be made available</p> <p>Action: MS to contact GP colleagues and seek to recruit a fourth GP panel member</p> <p>Action: CB agreed to forward the Terms of Reference for the IFR Panel to MS, to share with GP colleagues</p> <p>Action: Final version of the Individual Funding Request Policy to be added to the CCG intranet/internet</p>	<p>DoC</p> <p>Chair</p> <p>DoC</p> <p>DoC</p>
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
<p>7.2 Chair/Chief Officer Update AC provided a verbal update regarding:</p> <ul style="list-style-type: none"> • Better Care Fund (BCF) AC advised that each Health and Wellbeing Board has been asked to sign off and resubmit their Better Care Fund Plan by 19 September 2014. The Health and Wellbeing Board would sign-off at the meeting scheduled to take place on 16 September 2014, and the CCG Governing Body would discuss further at the Governing Body Workshop on 11 September 2014. The plan would be reproduced in a new template made up of two parts, the narrative of the plan, and the underpinning finance and metrics. The work was being taken forward by the Frail and Frail Elderly Implementation Group. <p>It was highlighted that there was a requirement to revisit the plan and demonstrate how there will be an</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the update 	<p>CO</p>

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<p>overall reduction in emergency admissions, a measure that a trajectory had not been set for previously.</p> <p>The demand on hospital services was discussed. It was noted that there was a need to ensure that the potential impact of proposed schemes on providers was understood, and providers were fully engaged. Discussions were taking place with Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH). A reduction in activity within secondary care was essential.</p> <p>It was stressed that the ability to deliver the BCF plan was a significant challenge.</p> <ul style="list-style-type: none"> • Co-commissioning in Primary Care AC advised that expressions of interest had been sought from CCGs, in being co-commissioners of primary care services with NHS England. An expression of interest 'in principle' was submitted by the deadline of 20 June 2014, subject to further discussion and a decision at the Council of Members meeting on 24 July 2014. <p>Council of Members were asked to decide whether or not NHS North Lincolnshire CCG should pursue the expression of interest in co-commissioning primary care services with NHS England. If yes, a decision was required as to the breadth of co-commissioning interest:</p> <ul style="list-style-type: none"> ○ <i>Option 1:</i> Greater CCG involvement in influencing commissioning decisions made by NHS England Area Teams ○ <i>Option 2:</i> Joint commissioning arrangements i.e. joint decision making potentially supported by pooled budgets ○ <i>Option 3:</i> Delegated commissioning arrangements i.e. carry out defined functions on behalf of NHS England <p>It was noted that Council of Members agreed Option 1, as a minimum, with the agreement that Option 2, would be discussed further at the Council of Members meeting on 25 September 2014. Option 3 was not supported by members of the Governing Body or Council of Members.</p> <ul style="list-style-type: none"> • Annual General Meeting (AGM) AC advised that the CCG Annual General Meeting would take place on Thursday 11 September 2014, between 13:30 and 14:30, in the Board Room, Health Place, Brigg. Details had been advertised in the Scunthorpe Evening Telegraph, and were available on the CCG website. MS confirmed that details of the 		

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<p>meeting had been forwarded to Council of Members</p> <ul style="list-style-type: none"> Healthy Lives, Healthy Futures AC advised that Healthy Lives, Healthy Futures events were taking place: Roadshow: <ul style="list-style-type: none"> Saturday 6th September 2014, 10.00 to 16.00, High Street, Scunthorpe Public Event: <ul style="list-style-type: none"> Tuesday 9 September 2014, 18.00 to 20.00, Civic Centre, Scunthorpe Contract with Northern Lincolnshire & Goole NHS Foundation Trust (NLaGFT) It was noted that the contract had not been signed. This would be discussed further with Governing Body members as part of the 'private' agenda Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) Report: Findings into Investigation of Patient Incident Cluster AC advised that the CCG noted that the report had been produced, and provided a level of information and assurance. Further information had been requested from NLaGFT. Further discussion would take place as part of the 'private' agenda 		
<p>7.3 Joint Board for Health and Social Care Services (Frail and Frail Elderly) Terms of Reference CB presented Item 7.3 and the report was taken as 'read'. The CCG Governing Body was asked to receive the Terms of Reference for the Joint Board for Health and Social Care Services (Frail and Frail Elderly). This had been established by the CCG and North Lincolnshire Council to oversee the continuum of activity related to Frail and Frail Elderly. This included the responsibilities of the Council, the joint responsibilities of the Better Care Fund and the CCG responsibilities in commissioning acute and community sector provision. It would include all key work programmes within the Better Care Fund, including expenditure and performance. The Terms of Reference were agreed by the Joint Board at their meeting on 24 July 2014.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received and noted the agreed Joint Board for Health and Social Care Services (Frail and Frail Elderly) Terms of Reference 	DoC
<p>8.0 CORPORATE GOVERNANCE AND ASSURANCE</p>		
<p>ITEMS FOR DISCUSSION AND/OR APPROVAL</p>		
<p>8.1 Risk Report JP presented Item 8.1 and the report was taken as 'read'. The report informed the Governing Body of the risks identified on the Governing Body Assurance Framework. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Since the last review on 21 July 2014, changes were annotated in bold Major changes were: <ul style="list-style-type: none"> Risk Q18 patient care: reviewed and updated Q4 lack of assurance from NHS111 service provider: removed due to assurances 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Approved the Assurance Framework and were assured that it gave sufficient evidence that key risks were being managed effectively 	ASO Q&A

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<p>received</p> <ul style="list-style-type: none"> ▪ Governing Body Interactive Risk Management Workshop: 12 September 2013 <ul style="list-style-type: none"> • 17 proposed new risks <ul style="list-style-type: none"> ○ 6 should be included on either the risk register or the assurance framework ○ 5 could possibly be included on either the risk register or the assurance framework ○ 6 should not be included on either the risk register or the assurance framework, as they were not considered to be a risk to the CCG • All 6 potential risks were now included on either the risk register or the assurance framework • The 5 possible risks would be monitored by the CCG Senior Management Team, and if it was felt that the risk had been realised, or had become more likely to occur, these would also be included • IR put forward 3 proposals for consideration by Governing Body members: <ul style="list-style-type: none"> ▪ That the Senior Management Team when they next review the CCG's risk status, be requested to assess whether the increased reliance by NLaGFT on locum cover represents a significant enough strategic quality and patient safety risk, to warrant inclusion on the next iteration of the Governing Body Assurance Framework <ul style="list-style-type: none"> • It was queried whether vacancies within North Lincolnshire GP practices should be included as a risk ▪ That the CCG press NLaGFT to agree an early date for a Board to Board meeting with medical recruitment included high on the agenda ▪ That the CCG respond to the Department for Transport consultation on the renewal of the TransPennine Express and Northern rail franchises, making clear the CCG's opposition to the proposed withdrawal of direct TransPennine Express services from Northern Lincolnshire 	<p>Decision: Approved Action: Senior Management Team to review the increasing reliance of NLaGFT on locum medical cover and include on the Governing Body Assurance Framework if considered necessary</p> <p>Decision: Approved Action: Senior Management Team to consider whether vacancies within North Lincolnshire GP practices need to be included on the Governing Body Assurance Framework</p> <p>Decision: Approved Action: AC to discuss with NLaGFT</p> <p>Decision: Approved Action: IR to draft a response on behalf of the CCG</p>	<p>CO</p> <p>CO</p> <p>LM</p>

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<p>8.2 Corporate Performance Executive Summary: July 2014</p> <p>BC presented Item 8.2 and the report was taken as 'read'. The report provided an updated summary position on an exception basis, on the national performance indicators, as set out in the NHS Outcomes Framework and Everyone Counts guidance, and which form part of the CCG Assurance Framework. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Category A Ambulance Response Times 8 Minute Red 1 and Red 2 (<i>page 2</i>) <ul style="list-style-type: none"> ○ Performance fluctuates, 'amber' status • Cancer waits – 31 day waits: subsequent cancer treatments – surgery (<i>page 2</i>) <ul style="list-style-type: none"> ○ 'Red' status: 2 breaches out of 8 patients ○ Amendment highlighted: should read 'both patients were treated in Hull', rather than 'both patients were from Hull' ○ An exception report has been requested and would be available in due course. It was agreed that this information should be available in a timely manner • Accident & Emergency: Friends and Family Response Rates (<i>page 3</i>) <ul style="list-style-type: none"> ○ 'Red' status • MRSA (<i>page 3</i>) <ul style="list-style-type: none"> ○ 'Red' status: target of zero tolerance was breached in May with 1 community acquired case being reported at Scunthorpe General Hospital • Clostridium Difficile (<i>page 3</i>) <ul style="list-style-type: none"> ○ 'Red' status: 5 cases reported against a target of 1. Year to date position of 7 cases against a year to date target of 5 ○ Discussion took place regarding reoccurrence in the same patient, and whether it counts as a separate case • Commissioning LIVES First Responder Support in North Lincolnshire IR queried the position regarding commissioning first responder support. CB confirmed that a formal contract would be in place from April 2015. Work was underway with LIVES, to look at opportunities during the current financial year 	<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 level to meet agreed targets and commitments 	<p>ICFO</p>
<p>8.3 Finance Report: Month 3 (June 2014)</p> <p>BC presented Item 8.3 and the report was taken as 'read'. The report briefed on the finance position and achievement of duties so far for 2014/2015, as at 30 June 2014. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Executive Summary (<i>page 3</i>) • Headlines and Key Messages (<i>page 5</i>) • Risk Management: Main financial risks for the CCG (<i>page 10</i>) <ul style="list-style-type: none"> ○ NLaGFT Contract (<i>pages 6 and 10</i>) <ul style="list-style-type: none"> ▪ Contract negotiations are on-going ▪ Arbitration discussed 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the finance report • Noted the potential increased level of risk regarding the highlighted issues 	<p>ICFO</p>

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<ul style="list-style-type: none"> • Board to Board meeting between the CCG Governing Body and NLaGFT Trust Board highlighted ○ Specialist Commissioning (<i>page 10</i>) <ul style="list-style-type: none"> ▪ Re-basing exercise at Hull and East Yorkshire Hospitals NHS Trust (HEY) is to be finalised ○ Community, Mental Health and Continuing Care (<i>pages 7, 8, 10</i>) <ul style="list-style-type: none"> ▪ Community Health Services (<i>pages 7 and 10</i>) <ul style="list-style-type: none"> • £99k over-spend • Further work will be undertaken to quantify the financial risk and any necessary corrective action ▪ Continuing Care/Services for Vulnerable People (<i>pages 7 and 10</i>) <ul style="list-style-type: none"> • £252k over-spend at month 3 • The historic growth and volatility in patient numbers and package costs means that there is a significant risk of deterioration in the finance position during the remainder of the financial year • QIPP plan is currently being reviewed • Issue being addressed as a priority. Further work is currently being undertaken to quantify the financial risk and any necessary corrective action ○ QIPP Savings (<i>pages 9 and 10</i>) <ul style="list-style-type: none"> ▪ Further work is being undertaken regarding slippage in the delivery of QIPP plans • Cash Flow Management (<i>page 10</i>) • Better Payment Policy Performance (<i>page 11</i>) • Debtor Management (<i>page 11</i>) <ul style="list-style-type: none"> ○ Issues regarding outstanding invoices being addressed • BC confirmed that further discussion regarding risk management would take place at the CCG Executive Team meeting on Monday 18 August 2014, and at the CCG Engine Room meeting on Thursday 21 August 2014 	<p>Action: AC to discuss further with NLaGFT, with a view to arranging a Board to Board meeting</p>	<p>CO</p>

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<p>8.4 Safeguarding Annual Reports CW presented Item 8.4 and the report was taken as 'read'. The purpose of the report was to provide the Governing Body with assurance in relation to safeguarding arrangements across North Lincolnshire.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Item 3.1 (page 4) and Item 3.2 (page 5): It was suggested that 'Chief Officer for Quality', should be amended to read 'Senior Officer; Quality and Assurance' • CW advised that a future Governing Body Workshop would focus on safeguarding • The CCG Quality Group receives detailed safeguarding reports on a monthly basis 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Safeguarding Annual Reports 	DoR&QA
ITEMS FOR AWARENESS AND NOTING		
<p>8.5 CCG Quality Group Minutes – 24 April 2014 and 22 May 2014 CW presented Item 8.5 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 	DoR&QA
<p>8.6 Quality and Risk Update CW provided a verbal update regarding:</p> <ul style="list-style-type: none"> • NLaGFT Press Conference: Findings into Investigation of Patient Incident Cluster The CCG noted that the report had been produced and further information had been requested from NLaGFT. • RDaSH: Independent Review of Great Oaks and Community Services An independent review was currently being undertaken. • Winterbourne View 10 patients were reported as Winterbourne compliant, all have a plan of care in place • Friends and Family Test Pilot It was noted that the multi-agency project team, led by the CCG, have reached the final of the Medipex Annual Innovation Awards, due to take place on 9 October 2014 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the update 	DoR&QA
<p>8.7 Primary-age Lifestyle Survey (PLS) and the Adolescent Lifestyle Survey (ALS) FC presented Item 8.7 and the report was taken as 'read'. The report updated on the outcomes of the Primary-age Lifestyle Survey (PLS) and the Adolescent Lifestyle Survey (ALS). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Further discussion would take place at the CCG Engine Room meeting on 2 October 2014 • Appendix 1: Emerging themes and distribution list (page 4) <ul style="list-style-type: none"> ▪ It was noted that the title should read 'Emerging themes for PLS' rather than 'Emerging themes for ALS' 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the Adolescent Lifestyle Survey and Primary-age Lifestyle Survey findings • Further discussion and consideration as to how the data may help to inform the development of relevant services to take place at the CCG Engine Room meeting on 2 October 2014 	DoPH
9.0 PUBLIC QUESTION TIME		

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<p>A question/issue was raised by a member of the public relating to:</p> <ul style="list-style-type: none"> A step down facility in North Lincolnshire A member of the public highlighted the need for a 'step-down' facility within North Lincolnshire, in order to manage the hospital discharge process. A ward area within Scunthorpe General Hospital was suggested. It was noted that the CCG were working with partners in Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT), North Lincolnshire Council and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) on redesigning how the frail and frail elderly pathways were managed, including those in hospital. The work was being addressed as part of the Better Care Fund. MS thanked the member of the public for flagging the issue, and confirmed that updates would be provided going forward. 	<p>Decision: Noted</p>	<p>Chair</p>
<p>10.0 ANY OTHER BUSINESS</p>		
<p>10.1 Urgent Items by Prior Notice No urgent items were discussed.</p>		
<p>11.0 DATE AND TIME OF NEXT PUBLIC MEETING</p>		
<p>Annual General Meeting Thursday 11 September 2014 13:30 – 14:30 Board Room, Health Place, Brigg</p> <p>Governing Body Meeting Thursday 9 October 2014 13:30 – 16:00 Board Room, Health Place, Brigg</p>	<p>Decision: Noted</p>	<p>Chair</p>
<p>12.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY</p>		
<p>12.1 CCG Engine Room – Decisions Made Log – June and July 2014</p>	<p>Decision: Noted, for information only</p>	<p>CO</p>