

MEETING:	16 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 <p style="text-align: center;">GOVERNING BODY</p>
MEETING DATE:	Thursday 9 October 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
Therese Paskell (<i>TP</i>)	Chief Finance Officer & Business Support <i>In attendance for Items 1.0, 2.0, 3.0, 4.0, 5.0, 7.2, 7.3, 6.1, 6.2, 6.3 only</i>	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
Dr Andrew Lee (<i>AL</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
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire CCG
Bernard Chalk (<i>BC</i>)	Interim Director <i>In attendance for Item 7.4 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Frances Cunning (<i>FC</i>)	Director of Public Health	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 sixteenth meeting 'in public' of the Clinical Commissioning Group Governing Body. Apologies were noted, as detailed above.	Decision: Noted	Chair
MS advised that Items 7.2 and 7.3 would be presented after Item 5.0, as TP had to leave the meeting.		
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 14 AUGUST 2014		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
4.0 ACTION LOG – ACTIONS UPDATE FROM 14 AUGUST 2014		
<ul style="list-style-type: none"> • Item 7.3: CCG Quality Group Terms of Reference: <i>Secondary Care Doctor to be a full member of the group</i> MS advised that interviews had taken place in September 2014. An applicant had been offered the position; however a start date had yet to be agreed. The outstanding action would be picked up once the Secondary Care Doctor had commenced in post. • Item 7.11: Quality and Risk Report: <i>Safeguarding</i> CW advised that a future Governing Body Workshop would focus on safeguarding, a date would be confirmed in due course. • Item 7.1: Individual Funding Request (IFR) Policy CB confirmed that the following actions had been completed: <ul style="list-style-type: none"> ○ The IFR Panel Process Map (Appendix 3) had been reviewed and amended ○ The Terms of Reference for the IFR Panel had been forwarded to MS, as requested ○ The final version of the Individual Funding Request Policy had been added to the CCG intranet and internet Next Steps: <ul style="list-style-type: none"> ○ Leaflets describing the process would be made available in due course ○ Dr Sanderson would contact GP colleagues and seek to recruit a fourth GP panel member, after a piece of work in relation to Lead Clinicians had been completed in November 2014 • Item 8.1: Risk Report CW confirmed that the Senior Management Team had reviewed the Governing Body Assurance Framework and the increasing reliance of Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) on locum medical cover, and vacancies within North Lincolnshire GP practices had been included, as requested. AC advised that a date for a Board to Board meeting with NLaGFT was being sought. IR confirmed that a response had been sent on behalf of the CCG, in relation to the Department for Transport consultation on the renewal of the TransPennine Express and Northern Rail franchises. A summary of responses, including conclusions and the next steps, will be published in December 2014. • Item 8.3: Finance Report: Month 3 (June 2014) A date for a Board to Board meeting with NLaGFT was being sought. 	Decision: Noted	Chair
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
Nothing discussed.	Decision: Noted	
6.0 CLINICAL COMMISSIONING		

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ITEMS FOR APPROVAL		
<p>6.1 North Lincolnshire Resilience Plan</p> <p>CB presented Item 6.1 and the report was taken as 'read'. The Resilience Plan set out the North Lincolnshire approach to management of surges in demand across health and social care services, in response to the NHS England 'Operational and Resilience Planning for 2014/2015 Guidance; June 2014'. The plan, developed in conjunction with local stakeholders and in line with the guidance requirements, was currently within the NHS England Assurance process, and has undergone local table-top scenario testing involving all key stakeholders.</p> <p>Whilst a surge in demand is expected during winter months, both health and social care services are now seeing surges throughout the year. The plan described how stakeholder organisations will work together to monitor demand, and escalate across the system in response to surges in demand.</p> <p>An operational group will manage pressures on a day to day basis within organisations, calling on support and response from other organisations, in line with the triggers set out in the plan.</p> <p>The Urgent Care Working Group, will continue to oversee the whole urgent care system, with stakeholders working together to manage system issues.</p> <p>A System Resilience Group has been set up in response to the Operational Resilience and Capacity Planning Guidance, and will take an overview of both planned and unplanned care, to ensure robust arrangements are in place to sustain delivery of urgent care alongside referral to treatment and cancer wait requirements.</p> <p>NHS North Lincolnshire CCG will receive an allocation of £1.118m of non-recurrent funding to support resilience within the health and care economy to March 2015. The plan sets out how this funding will be allocated to increase capacity and service resilience, to support the prevention of avoidable admissions and reduced length of stay.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ○ It was noted that the plan was a 'live' document, and a change had already been made, further to the document being sent to Governing Body members. The latest version would be available on the internet ○ Operational resilience planning template for non-elective care 2014/2015 (page 40) ○ Non-elective care costings template 2014/2015 (page 41) ○ Operational resilience planning template for elective care 2014/2015 (pages 42 & 43) ○ Elective care costings template 2014/2014 (page 44) ○ Discussion took place regarding the use and timely 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Accepted and approved the Resilience Plan • Approved the publication of the plan on the North Lincolnshire CCG website 	DoC

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<p>response of NHS111, and the concern that patients may dial 999 to ensure a speedy response, when an emergency service was not actually required. CB advised that issues like this would need to be picked up as part of NHS111 local discussions</p> <ul style="list-style-type: none"> ○ Demand surges and loss of staff due to planned industrial strike action, work to rule and overtime bans during week commencing 13 October 2014, were discussed. <ul style="list-style-type: none"> ▪ It was highlighted that the overtime ban may have a significant impact on the ambulance service ▪ AC highlighted that on-going dialogue between service providers was taking place, and arrangements were being shared ○ Escalation processes between NHS England, Primary Care and Secondary Care were highlighted <ul style="list-style-type: none"> ▪ Agreement that there needed to be clear processes in place for other service disruptions e.g. heavy snowfall ▪ Similar discussions between secondary and primary care were highlighted e.g. training of Emergency Care Practitioners 	<p>Action: NHS111 issues to be picked up outside of the meeting</p> <p>Action: CB to ensure appropriate processes/links are in place</p>	<p>DoC</p> <p>DoC</p>
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
<p>6.2 Chair/Chief Officer Update AC provided a verbal update regarding:</p> <ul style="list-style-type: none"> • Quarter 4 (2013/2014) Assurance Letter and Final Summary Report It was noted that the Quarter 4 (2013/2014) assurance letter and final summary report had been received from the NHS England Area Team, further to the meeting on 3 June 2014. 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. The summary report would be added to the CCG website. • Healthy Lives, Healthy Futures The consultation on the two preferred options regarding making permanent the current temporary arrangement of centralised Hyper-Acute Stroke services at the Scunthorpe General Hospital site, and centralising the Ear, Nose and Throat (ENT) inpatient surgery service at the Diana, Princess of Wales Hospital site in Grimsby had now closed. The consultation ran for 13 weeks from 30 June 2014 until 26 September 2014. Recommendations would be presented to CCG Governing Body members for a final decision in due course. <p>IR queried the position regarding the next stage in relation to Children's Surgery. It had been agreed at the Extra-ordinary CCG Governing Body meeting in</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the verbal update 	<p>CO</p>

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<p>public on 26 June 2014, that subject to a decision being made by the Programme Board, the Council of Members and the Governing Body in October 2014, engagement with the public would take place on options 3 to 6. AC advised that a workshop had taken place on 11 September 2014; further work was required, prior to any decisions being made.</p> <ul style="list-style-type: none"> Contract with Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) AC advised that she had sent a revised offer letter to the Chief Executive at NLaGFT. A response was awaited. 		
<p>6.3 Better Care Fund (BCF) Update CB presented Item 6.3 and the report was taken as 'read'. The report updated the CCG Governing Body on the development of the revised Better Care Fund plan, which was submitted on 19 September 2014, following the issuing of revised guidance on 25 July 2014 by NHS England and the Local Government Association.</p> <p>This reflected that unplanned admissions are the biggest driver of cost in the health service that the BCF can affect. Ministers required that plans be revisited to demonstrate clearly how total emergency admissions will reduce as a consequence of the BCF plan changes. A reduction in emergency admissions was seen as a clear indicator of the effectiveness of local health and care services in working better together, to support people's health and independence in the community.</p> <p>The Governing Body were asked to note the information regarding the changes required by the guidance, the local impacts and the next stages regarding assurance.</p> <p>To date, the outcome of the approval process was not known. The full BCF plan would be published on the Health and Wellbeing Board and CCG websites, following the initial assurance process.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Background (<i>page 4</i>) Changes in guidance (<i>page 4</i>) <ul style="list-style-type: none"> It was queried whether the '<i>national £1.9bn additional NHS contribution to the Better Care Fund</i>' was additional money. CB advised that the wording had been lifted directly from the guidance, but this was not additional money, but an addition to the pool North Lincolnshire context and impacts (<i>pages 5 & 6</i>) <ul style="list-style-type: none"> Fully supportive of the priority areas and direction of travel In light of the new guidance the local target for reducing total admissions needed to be set within the revised BCF plan. Nationally a minimum of 3.5% is required; however in 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received and noted the Better Care Fund update Supported the actions taken 	DoC

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<p>setting the original plan, the target was set in relation to avoidable emergency admissions. The target agreed was a 5.39% reduction in 2014/2015, with a 22% reduction over 2014/2015 and 2015/2016 reflected in the strategic plan. That translates into a 16.1% local target against total emergency admissions to be delivered in calendar year 2015</p> <ul style="list-style-type: none"> • It was noted that all partners were signed up to the local target against total emergency admissions, to be delivered in calendar year 2015 ▪ This would translate to a performance fund for North Lincolnshire of £4.1m, which will be released into the pooled budget in line with delivery against the target. If it is not achieved, then the resource will sit with North Lincolnshire CCG in order to fund the activity with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust. A risk share has been agreed in principle across all organisations to support the delivery <ul style="list-style-type: none"> ○ Template changes (<i>page 6</i>) ○ Assurance and approval process (<i>pages 6 & 7</i>) <ul style="list-style-type: none"> ▪ A total of 5 days support from an independent facilitator was offered and accepted to help finalise the BCF plan, this support was helpful ○ Next steps (<i>page 7</i>) <ul style="list-style-type: none"> ▪ The outcome of the assurance process will be notified by the end of October 2014 ▪ Partners continue to work together on taking forward the areas agreed. The revised BCF plan was signed off by the Chief Executives of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, North Lincolnshire Council and Rotherham, Doncaster and South Humber NHS Foundation Trust and the Chief Officer of the CCG ▪ Revised shared governance arrangements to include NLaGFT and RDaSH <ul style="list-style-type: none"> • The membership of the Joint Board for Health and Social Care Services (Frail and Frail Elderly) would be extended to include representatives from NLaGFT and RDaSH ○ Discussion took place regarding the need to fully implement the Urgent Care model ○ Discussion regarding Paediatric Assessment Unit to ensure that assessment takes place to establish whether there is a need for admission 		
7.0 CORPORATE GOVERNANCE AND ASSURANCE		

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ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>7.1 Risk Report</p> <p>CW presented Item 7.1 on behalf of John Pougher, Assistant Senior Officer; Quality and Assurance, and the report was taken as 'read'. The report informed the Governing Body of the risks identified for North Lincolnshire CCG on the Governing Body Assurance Framework. It was noted that changes made at the review on 18 August 2014 were annotated in bold text. A review/refresh of the Strategic Risk and Assurance Framework would be conducted in due course with the Governing Body and supported by internal auditors, to ensure the approach was in line with best practice guidance.</p>	<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
<p>7.2 Corporate Performance Executive Summary: September 2014</p> <p>TP presented Item 7.2 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.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Referral to Treatment >52 weeks on 18 week incomplete pathway (<i>page 2</i>) <ul style="list-style-type: none"> 'Amber' status: 1 breach An exception report is available on the BIZ 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 Reducing potential years of life lost from causes considered amenable to healthcare (all ages) (<i>page 3</i>) <ul style="list-style-type: none"> The data to support this indicator is only available annually and is for the calendar year, therefore, the latest results are for 2013/2014 as of December 2013 'Red' status MRSA (<i>page 3</i>) <ul style="list-style-type: none"> 'Red' status: There have been no further breaches of the MRSA target of zero tolerance in August. The year to date position remains at 2 community acquired breaches Clostridium Difficile (<i>page 3</i>) <ul style="list-style-type: none"> 'Red' status: In August there were 3 reported cases of Clostridium Difficile against a target of 2. This gives a year to date position of 17 cases against a year to date tolerance of 13 CCG Quality Premium (<i>page 4</i>) <ul style="list-style-type: none"> In 2014/2015 the CCG is not expecting to achieve any payment on the 2013/2014 Quality Premium indicators <ul style="list-style-type: none"> The local indicator for stroke thrombolysis was not achieved. The full year data showed only 75%, however it was noted that for Quarter 3 and Quarter 4, 100% of eligible patients were thrombolysed. 	<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 	CFO&BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>The improvement was due to stroke centralisation</p> <ul style="list-style-type: none"> ▪ The local quality premium on dementia diagnosis, and non-elective readmissions were achieved ▪ It was noted that the first gateway in the premium is that the CCG manages within its total resources envelope for 2014/15 and does not exceed the agreed level of surplus drawdown. This element is covered in the finance report, but the CCG cannot achieve any of the premium payment if this measure is not achieved <ul style="list-style-type: none"> • CCG Quality Premium: NHS Constitution Rights and Pledges Gateway (<i>page 4</i>) <ul style="list-style-type: none"> ○ It was queried why the status in relation to 'Category A Red 1 Ambulance Calls' was 'amber' if the CCG status was 'green' <ul style="list-style-type: none"> ▪ It was confirmed that the East Midlands Ambulance Service (EMAS) overall performance position had remained under target, dropping slightly from 70.71% in July to 70.64% in August, resulting in an 'amber' status. The year to date (YTD) position continues to under achieve against target, and currently stands at 73.22% ▪ Audits related to prolonged waits for Red 1 & Red 2 patients had been requested, and are to be provided on a six monthly basis, to provide assurance that clinical quality is not unduly affected. An update is expected at the end of October 2014 ▪ This position is assessed against the Trust performance, the North Lincolnshire position as at August 2014 has improved to achieve the 75% target at 78.3%, resulting in a 'green' status for the CCG. The YTD position for North Lincolnshire remains on target currently standing at 75.6% ▪ It was agreed that it would be helpful to ensure the figures were available in relation to ambulance response times ▪ IR advised that he was delighted to see audits in relation to prolonged waits had been requested • Accident and Emergency 4 Hour Waits (2014/2015) 		

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<p>(page 5)</p> <ul style="list-style-type: none"> ○ Performance at NLaGFT in September continues to achieve target at 96.3% ○ Performance at Scunthorpe General continues to improve with the 95% target being achieved in June, July and August 2014. Currently (as at 28 September 2014) only 3 days during September have failed to meet the 95% target and daily breaches are significantly reduced • Health Care Acquired Infections (2014/2015) (page 5) <ul style="list-style-type: none"> ○ An update should be available by week ending 10 October 2014 • Enhancing Quality of Life for People with Long Term Conditions (page 5) <ul style="list-style-type: none"> ○ The latest results for 2013/2014, as at March 2014, indicate an achievement of 73.5 EuroQuol 5D against a target of 73.1, resulting in a 'green' status • Preventing People Dying Prematurely (page 5) <ul style="list-style-type: none"> ○ The under 75 mortality for respiratory disease, liver disease and cancer have improved and met the targets, now showing a 'green' status for the CCG • Friends and Family Test (page 5) <ul style="list-style-type: none"> ○ The August position for the Friends and Family Test will be available shortly • Cancer Waiting Times (page 5) <ul style="list-style-type: none"> ○ The August performance for Cancer Waiting Times will be available shortly 		
<p>7.3 Finance Report: Month 5 (August 2014)</p> <p>TP presented Item 7.3 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 31 August 2014. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Executive Summary (page 3) • Headlines and Key Messages (page 5) • Revenue Expenditure (pages 6 to 9) <ul style="list-style-type: none"> ○ NLaGFT Contract (page 6) <ul style="list-style-type: none"> ▪ Contract negotiations are on-going ○ Other Secondary Healthcare Costs (page 6) <ul style="list-style-type: none"> ▪ It was queried why there was a time lag in receiving activity information from the Spire Hull and East Riding Hospital, which could represent a potential financial risk later in the year <ul style="list-style-type: none"> • TP advised that as a new contract with the Spire Hospital was being formalised, data was only now coming through ▪ Discussion took place regarding patient choice and waiting times for 	<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 	CFO&BS

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<p>both NHS and private providers</p> <ul style="list-style-type: none"> • It was highlighted that for some specialties, patients had to be sent to a private provider, as NHS appointments were not offered within a timely manner, or were cancelled and not rearranged, resulting in the potential for payment to be made twice ▪ Discussion took place regarding national trends and changes in hospital activity <ul style="list-style-type: none"> • It was agreed that there needed to be appropriate use of patient pathways ○ Community, Mental Health and Continuing Care (<i>pages 7, 8, 10</i>) <ul style="list-style-type: none"> ▪ Community Health Services (page 7) <ul style="list-style-type: none"> • £48k over-spend ▪ Services for Vulnerable People (including Continuing care) (<i>pages 7 and 8</i>) <ul style="list-style-type: none"> • £1,349k over-spend at month 5 <ul style="list-style-type: none"> ○ Continuing Care: £212k ○ Mental Health/Learning Disability: £1,137k • The budgets need to be reviewed and vired as appropriate within continuing care • Independent review on Services for Vulnerable People • QIPP plan is currently being reviewed • Issue being addressed as a priority • 2014/2015 QIPP Delivery (<i>page 10</i>) <ul style="list-style-type: none"> ○ The profile for QIPP savings has now been revised to reflect the assumption that savings will be delivered later in the financial year. The only cash releasable savings which are now profiled to occur evenly throughout 2014/2015 are those related to Prescribing ○ However, given the scale of savings required, the back loaded profile, and the lack of other financial flexibility this year, the financial risk to the CCG is significant, and the QIPP 		

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<p>position will be reviewed at the end of September by North Yorkshire and Humber Commissioning Support, to identify corrective action and substitute plans and savings, as appropriate</p> <ul style="list-style-type: none"> ▪ Acknowledgement that there was a need to deliver QIPP, which links to both Healthy Lives, Healthy Futures and the Better Care Fund ▪ Partner engagement with the transformation agenda was an urgent priority <ul style="list-style-type: none"> • Risk Management (<i>page 10</i>) • Finance Governance (<i>page 13</i>) <ul style="list-style-type: none"> ○ A monthly Finance and Performance Group has been established to allow Chief Finance Officer review, challenge and triangulation of financial performance and business plans, to identify further opportunities and ensure co-ordinated action across the CCG and Commissioning Support, to deliver finance and performance targets • Practice Reports <ul style="list-style-type: none"> ○ TP advised that Jason Coombs, Relationship Manager was now in a position to share draft practice reports with GPs. It was agreed that further discussion should take place at the CCG Engine Room meeting, prior to sharing with individual GP practices. It was highlighted that the reports would continue to develop over time • Map of Medicine <ul style="list-style-type: none"> ○ It was highlighted that some GP practices were unable to access the Map of Medicine. TP agreed to pick up outside of the meeting • Summary <ul style="list-style-type: none"> ○ TP advised that the CCG had utilised all uncommitted reserves ○ No further money was available for in year cost pressures ○ Key risk factors for the CCG until the end of the financial year were the Continuing Care budget and the NLaGFT Contract 		
<p>7.4 Contract Trading Report: Period ending 31 July 2014</p> <p>BC presented Item 7.4 and the report was taken as 'read'. The report provided details of the year to date trading position for the CCG's key provider contracts, and highlighted the key issues associated with the trading position, and the actions required.</p> <p>For the period ending 31 July 2014, the trading reports received for key providers showed an overtrade position for the CCG of £586,510 (which included an overtrade against Northern Lincolnshire and Goole NHS Foundation Trust</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Contract Trading Report 	ID

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<p>(NLaGFT) of £482,322, based on the NLaGFT assumption of the plan value.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ○ Summary trading position notes (<i>page 3</i>) ○ Hull and East Yorkshire Hospitals (HEY) (<i>page 4</i>) ○ NLaGFT (<i>page 4</i>) <ul style="list-style-type: none"> ○ Contract negotiations for 2014/2015 are on-going ○ Elective activity (<i>page 5</i>) <ul style="list-style-type: none"> ▪ Discussion regarding outpatient procedures being treated as admissions ▪ Query as to what the CCG is charged for ▪ Further work will be undertaken to understand the reasons for the overtrade ○ Non elective activity (<i>page 5</i>) <ul style="list-style-type: none"> ▪ Further work will be undertaken to understand the reasons for the overtrade ○ Pain management <ul style="list-style-type: none"> ▪ Further work will be undertaken to understand the reasons for the overtrade, in comparison to last year ○ Sheffield Children's Hospital (<i>page 5</i>) ○ Other key providers (<i>page 5</i>) ○ IR highlighted that Governing Body members had previously asked for additional information to be added to the contract trading report in relation to increased acuity regarding admissions and average cost, and length of stay (spells that exceed the trim point) 	<p>Action: Information to be added to future Contract Trading Reports</p>	<p>ID</p>
ITEMS FOR AWARENESS AND NOTING		
<p>7.5 CCG Quality Group Minutes – 26 June 2014, 24 July 2014 and 28 August 2014</p> <p>CW presented Item 7.5 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 	<p>DoR&QA</p>
<p>7.6 Quality and Risk Report</p> <p>CW presented Item 7.6 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 North Lincolnshire CCG. The report informed the CCG Governing Body about the quality and safety of the services it commissions, and in doing so provided assurance that North Lincolnshire CCG is upholding its 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"> ○ Serious Incidents at Northern Lincolnshire and Goole NHS Foundation Trust (<i>page 3</i>) <ul style="list-style-type: none"> ▪ The CCG have now received the investigation 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the Quality and Risk Report 	<p>DoR&QA</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>details of the incidents, and are increasingly assured that the level of investigation, and subsequent actions are bringing about the required changes to practice, where issues have been identified</p> <ul style="list-style-type: none"> ▪ The CCG are meeting regularly, and continuing to work with colleagues from NLaGFT to focus on clinical areas of development ○ Francis/Hard Truths Actions – progress Update (<i>page 7</i>) <ul style="list-style-type: none"> ▪ Of the 50 recommendations relevant to the CCG, 2 remain ‘amber’ as work continues to develop, 48 are now rated as ‘green’ or for information only, and therefore not applicable for RAG rating ○ Winterbourne/Complex Care (<i>pages 7 & 8</i>) <ul style="list-style-type: none"> ▪ There are 11 clients who are reported on as part of Winterbourne criteria. All clients are assessed monthly by the Commissioning Support assessors, and reports are discussed with the CCG 		
<p>7.7 Mental Capacity Act [2005] CW presented Item 7.7 and the report was taken as ‘read’. The Mental Capacity Act [2005] is vital to good quality and effective healthcare. The Act is central to quality improvement and patient involvement. It gives rights to patients, and provides essential safeguards to those that are vulnerable, as well as setting out the responsibilities of those caring for them.</p> <p>NHS England guidance notes that CCGs need to ensure:</p> <ul style="list-style-type: none"> ○ The Act is given a high profile and priority by the CCG ○ Compliance and what needs to be done to achieve this is a key part of tendering and contract award ○ On-going compliance is monitored in detail through performance review and quality monitoring processes <p>The CCG Governing Body is required to assure itself on the following:</p> <ul style="list-style-type: none"> ○ How does the Governing Body recognise and discharge its duty in respect of the Mental Capacity Act? ○ How does it monitor progress and activity? ○ How does the CCG assess quality of care? ○ How does the CCG manage and respond to incidents and exception reports? <p>The action plan presented aimed to provide a framework of how these things will be achieved. The CCG Governing Body was asked to agree to the delegation of the monitoring of the plans to the CCG Quality Group.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the requirements of the Act, and ensured it had a high profile in the commissioning of services • Agreed to delegation of monitoring of the plans to the CCG Quality Group 	DoR&QA
8.0 PUBLIC QUESTION TIME		
<p>A number of questions/issues were raised by members of the public relating to:</p> <ul style="list-style-type: none"> • Patient Participation in the NHS111 Quality Group 	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>It was queried why patient participation for the NHS111 Quality Group had not yet been sought/advertised. CW advised that the decision was made across the Humber region; therefore recruitment for the regional patient representative positions was being taken forward by NHS Hull CCG. CW apologised for the delay in the process, but had been advised recruitment would start shortly.</p> <ul style="list-style-type: none"> Contract negotiations between the CCG and Northern Lincolnshire and Goole NHS Foundation Trust A query was raised as to whether the issues had now been resolved. It was confirmed that contract negotiations were on-going. AC advised that a response to the CCG's revised offer letter to the Chief Executive at NLaGFT, had just been received via e-mail. Further discussions would take place in a bid to secure a resolution, but to date, negotiations were not concluded. Spire/Northern Lincolnshire and Goole NHS Foundation Trust A query was raised in relation to discussions that had taken place under Item 7.3 (Finance Report - Month 5: August 2014) regarding double payment for patient treatment. CB advised that if a patient was referred to NLaGFT and had investigations, and was then referred to the Spire Hospital for treatment, and the investigations were completed again, payment would be made twice under Payment by Results (PbR) rules. Discussion took place regarding finite financial resources and patient choice. 		
9.0 ANY OTHER BUSINESS		
9.1 Urgent Items by Prior Notice No urgent items were discussed.		
10.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 11 December 2014 13:30 – 16:00 Board Room, Health Place, Brigg	Decision: Noted	Chair
11.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
11.1 CCG Engine Room – Decisions Made Log – August and September 2014	Decision: Noted, for information only	CO
11.2 Health & Wellbeing Board Minutes: 10 June 2014	Decision: Noted, for information only	CO