

MEETING:	18 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 GOVERNING BODY
MEETING DATE:	Thursday 11 December 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	NHS North Lincolnshire CCG
Caroline Briggs (<i>CB</i>)	Director of Commissioning	NHS North Lincolnshire CCG
Dr Fergus Macmillan (<i>FM</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr James Mbugua (<i>JM</i>)	CCG Member/General Practitioner <i>In attendance from 3.0 onwards</i>	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 & Assurance <i>In attendance for Item 8.1 and 8.2 only</i>	NHS North Lincolnshire CCG
Julie Killingbeck (<i>JK</i>)	Relationship Manager <i>In attendance for Item 8.7 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Catherine Wylie (<i>CW</i>)	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (<i>RJF</i>)	CCG Member/General Practitioner/Medical Director	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

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS AND APOLOGIES		
MS welcomed all attendees to the eighteenth 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 9 OCTOBER 2014		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 9 OCTOBER 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> 	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>MS advised that 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.</p> <ul style="list-style-type: none"> • Item 7.11: Quality and Risk Report: Safeguarding 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 were being taken forward: <ul style="list-style-type: none"> ○ Leaflets describing the process would be made available to GP practices in due course ○ Dr Sanderson would contact GP colleagues and seek to recruit a fourth GP panel member • Item 8.1: Risk Report and Item 8.3: Finance Report: Month 3 (June 2014) MS advised that a Board to Board meeting between the CCG Governing Body and the Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) Board had taken place on 13 November 2014. • Item 6.1: North Lincolnshire Resilience Plan CB confirmed that the actions relating to NHS111 and escalation processes had been completed. • Item 7.4: Contract Trading Report AC advised that it had been suggested that contract trading information would be incorporated into future Finance Reports. 		
5.0 MINUTES OF THE MEETING HELD ON 13 NOVEMBER 2014 REGARDING HEALTHY LIVES, HEALTHY FUTURES		
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	Chair
7.0 CLINICAL COMMISSIONING		
ITEMS FOR APPROVAL		
<p>7.1 Business Planning 2015/2016</p> <p>CB presented Item 7.1 and the report was taken as 'read'. The paper set out the draft timescales for submission of the business plan for 2015/2016 and the process for delivery of the plan. The paper also described, at high level, the proposed plan for 2015/2016 to 2016/2017. The proposal would bring together the Healthy Lives, Healthy Futures workstream with the rest of the CCG work plan to streamline, reduce duplication and make best use of the capacity available to manage the day to day commissioning activity.</p> <p>The proposal would see the development of three broad programmes; proactive care, planned care and urgent care.</p> <p>The Governing Body was asked to note the content of the report and the timescales set, support the approach to transformational change plans for 2015/2016 and delegate the development of the business plan to the Engine Room. An update would be provided at the Governing Body meeting in public on 12 February 2015 and the Governing Body Workshop</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the content of the Business Planning report and the timescales set • Supported the approach to transformational change plans for 2015/2016 • Delegated the development of the business plan to the Engine Room, with an update to be provided to the Governing Body meeting in public on 12 February 2015 and the Governing Body Workshop on 12 March 2015, with final sign-off 	DoC

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<p>on 12 March 2015, with final sign-off taking place at the Governing Body meeting in public on 9 April 2015, prior to the submission of final plans on 10 April 2015.</p> <p>IR queried whether there would be a consultation period. CB confirmed that the expectation was that a workshop involving stakeholders and the public would take place in February 2015.</p>	<p>taking place at the Governing Body meeting in public on 9 April 2015, prior to the submission of final plans on 10 April 2015</p>	
<p>7.2 Budget Setting Principles</p> <p>TP presented Item 7.2 and the report was taken as 'read'. The report set out the principles, methodology and framework to be applied in setting the budgets and the timetable for 2015/2016. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Budget principles for individual GP Practices within the CCG are not within the scope of the paper, but will be discussed at the Engine Room and Council of Members meetings in January 2015 • The CCG Engine Room approved the process on 4 December 2014 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the budget setting principles and timescales for 2015/2016 	CFO&BS
<p>7.3 Better Care Fund</p> <p>CB presented Item 7.3 and the report was taken as 'read'. The report provided an update on the outcome and next steps further to the Nationally Consistent Assurance Review (NCAR), following submission of the revised Better Care Fund plan on 19 September 2014.</p> <p>On 29 October 2014, NHS England confirmed that the North Lincolnshire Better Care Fund Plan had been placed in the 'approved subject to conditions' category.</p> <p>The report confirmed that an action plan was submitted as an immediate response to the conditions, and set out what was required for final approval. A dedicated Better Care Adviser was allocated to support the development of the action plan, which was submitted to NHS England on 13 November 2014.</p> <p>CB confirmed that resubmission of the Better Care Fund Plan and supporting metrics was required by 9 January 2015. It was agreed at the Health and Wellbeing Board on 9 December 2014 that the plan would be developed further, and considered at the Joint Board for Health and Social Care Services (Frail and Frail Elderly), with delegation to the CCG Chief Officer, the North Lincolnshire Council Chief Executive and the Chair of the Health and Wellbeing Board to agree the final submission by 9 January 2015. The plan would be presented to the CCG Governing Body on 12 February 2015.</p> <p>IR queried how the plan demonstrated how it would deliver the planned non-elective admissions reduction. CB advised that discussions were taking place with the national team regarding modelling support.</p> <p>The 'perfect week' was discussed. CB advised that an evaluation report would be made available in due course. The</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Better Care Fund update 	DoC

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<p>model had identified a number of patients who were not admitted to hospital, or were discharged with support earlier than they would have been. It was suggested that the evaluation should also include those who did not access the service. Recruitment and resources for the model to work were discussed.</p>		
<p>7.4 Joint Commissioning AC provided a verbal update in relation to Primary Care Co-commissioning; advising that NHS England had asked CCGs to review plans to take co-commissioning forward. Three possible models that CCGs could pursue were:</p> <ul style="list-style-type: none"> • Option 1: Greater CCG involvement in NHS England decision making • Option 2: Joint decision making by NHS England and CCGs • Option 3: CCGs taking on delegated responsibilities from NHS England <p>AC advised that after discussion at the Council of Members meeting on 27 November 2014, and a vote by members, the CCG would be applying for level 2 co-commissioning (joint decision-making by NHS England and the CCG).</p> <ul style="list-style-type: none"> • Option 1: 4 votes • Option 2: 10 votes • Option 3: 1 vote • No Vote: 5 practices <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • A submission from both the CCG and the NHS England Area Team for joint commissioning arrangements, together with an amendment to the CCG Constitution has to be submitted by Friday 30 January 2015 • NHS England retains accountability for the discharge of its statutory duties in relation to primary care commissioning • Model governance documentation (Joint Committee Terms of Reference) has been shared • Further discussion will take place at the Council of Members and Engine Room meetings in January 2015 • More information will be known after the CCG Collaborative meeting scheduled to take place on 12 December 2014 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the verbal update in relation to Primary Care Co-commissioning • Noted the decision made by Council of Members to proceed with Option 2 (joint decision making by NHS England and CCG's) • Noted the next steps and timescales 	CO
ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
<p>7.5 Chair/Chief Officer Update AC provided a verbal update regarding:</p> <ul style="list-style-type: none"> • Board to Board meeting <ul style="list-style-type: none"> ○ A Board to Board meeting between the CCG Governing Body and the Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) Board had taken place on 13 November 2014 ○ A further meeting would be arranged in April 2015 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the verbal update 	Chair CO

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<ul style="list-style-type: none"> • Healthy Lives, Healthy Futures <ul style="list-style-type: none"> ○ It was confirmed that Healthy Lives, Healthy Futures was being taken forward as per the decisions made at the meeting on 13 November 2014 (see Item 5.0) • Better Care Fund <ul style="list-style-type: none"> ○ Work on-going, as detailed under Item 7.3 • Primary Care Co-commissioning <ul style="list-style-type: none"> ○ Work on-going, as detailed under Item 7.4 		
8.0 CORPORATE GOVERNANCE AND ASSURANCE		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>8.1 Risk Report</p> <p>JP presented Item 8.1 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.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • A review of the Strategic Risk and Assurance Framework will take place at the CCG Governing Body Workshop on 12 March 2015 • Risk ID Q19: It was agreed that the risk description needed to be more precise, and the 'to be agreed' areas needed to be completed • Discussion took place regarding the Assurance Framework and the strategic objectives • Risk ID AO4 and FP5: Discussion took place regarding the descriptions for the Better Care Fund risks. It was agreed that the two risks should be reviewed to ensure the description describes the risk appropriately, and the impact and likelihood scores are correct and consistent • Risk ID PH1: It was suggested that the risk should be reviewed with a view to reducing the risk score, due to the progress made at the recent Board to Board meeting between the CCG Governing Body and the Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) Board and the work being undertaken by the Joint Board for Health and Social Care Services (Frail and Frail Elderly) 	<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 • Noted that a detailed review would take place on 12 March 2015 as part of the CCG Governing Body Workshop 	<p>ASO Q&A</p>
<p>8.2 Quality Strategy 2015-2017</p> <p>JP presented Item 8.2 and the report was taken as 'read'. The Strategy identified how the CCG would secure improvements in the quality of services and outcomes from both commissioned services and in primary care. The Strategy would need to be reviewed on a regular basis, to reflect an evolving understanding of the role of the CCG in relation to promoting and sustaining quality within primary care services. It is intended to develop an annual action plan to support the strategy which will be monitored by the CCG Quality Group and Primary Care Development Group.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Item 11.3: Promoting Quality in Primary Care: Listening to Patients and the Public 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the CCG Quality Strategy 2015 – 2017 • Noted the verbal update in relation to work underway with Patient Participation Groups 	<p>ASO Q&A</p>

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<p>provided on a bi-monthly or quarterly basis</p> <ul style="list-style-type: none"> ○ It was suggested that the parameters for the Red 2 band were too big (<i>where the 8 minute target was missed, response times ranged from 9 minutes to 4 hours 44 minutes</i>). It was queried whether this could be broken down further with an additional band between 12 minutes and 1 hour ○ A suggestion was made as to whether geographic information could be provided ○ It was queried whether the data related to Trust-wide or North Lincolnshire performance ○ Discussion took place as to how the information could be used <ul style="list-style-type: none"> ● Accident and Emergency 4 Hour Waits (2014/2015) (<i>page 6</i>) <ul style="list-style-type: none"> ○ Performance at Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) in October now shows an underachievement of the target with a position of 94%. The year to date position is still showing 'green' and is achieving, but performance is showing a deteriorating trend ○ The issues predominantly relate to lack of surgical capacity, due to increased activity and reduced beds ○ Discussion took place regarding winter resilience. It was confirmed that daily situation reporting and weekly calls were in place ● Cancer 31 Day Waits: Subsequent Treatments: Radiotherapy (<i>page 2</i>) ● Cancer 62 Day Wait from NHS Screening Service to First Definitive Treatment (<i>page 2</i>) ● Incidence of Healthcare Associated Infection (HCAI): C Difficile (<i>page 2</i>) ● Stroke: Thrombolysis <ul style="list-style-type: none"> ○ It was queried whether any key messages from the quarterly national report could be included in the highlight report section of future performance reports 	<ul style="list-style-type: none"> ● Agreed to request that an additional band be added to the Red 2 band between 12 minutes and 1 hour <p>Action: Any key messages from the quarterly national stroke report regarding thrombolysis, to be included in the highlight report section of future performance reports</p>	CFO&BS
<p>8.4 Finance Report: Month 7 (October 2014)</p> <p>TP presented Item 8.4 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 October 2014. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> ● Executive Summary (<i>page 3</i>) <ul style="list-style-type: none"> ○ Overall Financial Position ○ QIPP <ul style="list-style-type: none"> ▪ The CCG is currently reporting QIPP savings below plan (which assumed savings would be delivered equally 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> ● Received and noted the Finance Report 	CFO&BS

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<p>throughout the year). The main QIPP plans have been recently re-assessed and amended proposals are being pursued during the remainder of the financial year. Any shortfall in recurrent savings will have to be offset by non-recurrent savings, and will impact on next year's plan</p> <ul style="list-style-type: none"> ○ Risks <ul style="list-style-type: none"> ▪ The evaluation of risks presented in the report has changed from previous months, as risks are significantly reduced based on the verbally agreed contract with Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT), and the independent review of services for vulnerable people • Headlines and Key Messages (<i>page 5</i>) • Acute Contracts: NLaGFT (<i>page 6</i>) <ul style="list-style-type: none"> ○ A verbal agreement on the contract baseline has been reached. Following agreement of the revised figure, the Year to Date (YTD) and forecast values will be updated next month. This is effectively a block agreement and is fully funded from reserves and balance sheet flexibility ○ Discussion took place regarding contract negotiations for 2015/2016. TP confirmed that new tariff guidelines were expected shortly. Specific areas currently being explored included: <ul style="list-style-type: none"> ▪ New Payment by Results rules ▪ Different payment/incentive models ▪ Risk allocation/strategy across the patch • Services for Vulnerable People (including Continuing Care) (<i>page 8</i>) <ul style="list-style-type: none"> ○ The main changes from month 6 concern the decrease in expenditure on fully funded Adult Continuing Care. This follows an independent review of expenditure which has just been reported. Although the forecast was £2.38 million, this is expected to reduce overall next month as a result, and will also change at service area level • 2014/2015 QIPP Delivery (<i>pages 10 and 11</i>) <ul style="list-style-type: none"> ○ Discussion took place regarding the management of QIPP for next year • The improvement in Property Services bills was noted • Discussion took place regarding the Autumn Statement announcement by the Chancellor in relation to the extra £2 billion in funding for frontline services in the NHS, further to the Five Year Forward View published 		

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by NHS England. TP advised to be 'cautious' in thinking any additional funding would be made available to the CCG		
<p>8.5 CCG Audit Group Workplan</p> <p>TP presented Item 8.5 and the report was taken as 'read'. The report set out the annual workplan for the CCG Audit Group until June 2015. It was noted that the workplan was based on the guidance contained in the NHS Audit Committee Handbook produced by the Healthcare Financial Management Association (HFMA), and provided a structure for the CCG to gain the appropriate internal and external assurances, relevant to the Terms of Reference.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Approved the Audit Group Workplan for the financial year 2014/2015 (July – June) 	CFO&BS
<p>8.6 Contract Trading Report</p> <p>AC referred to the suggestion that the contract trading information should be incorporated into future Finance Reports. TP advised that she would be taking this forward for future reports. The key messages were on pages 6 and 7 of Item 8.4 (Finance Report: Month 7: October 2014).</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the verbal update <p>Action: Contract trading information to be incorporated into future Finance Reports</p>	CFO&BS
<p>8.7 Emergency Preparedness, Resilience and Response (EPRR)</p> <ul style="list-style-type: none"> • Core Standards Assurance Level and Action Plan • Assurance Paper <p>JK presented Item 8.7 and the report was taken as 'read'. The purpose of the report was to provide the Governing Body with an update on the current position of the CCG in relation to an assessment against core standards in emergency preparedness, resilience and response (EPRR), as part of the national EPRR assurance process for 2014/2015.</p> <p>Following assessment, the CCG had self-assessed as demonstrating a 'substantial' compliance level, against the core standards. Where areas require further action, this was detailed in the Core Standards Improvement Plan, and would be reviewed in line with EPRR governance arrangements.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • As a Category 2 responder the CCG is a 'co-operating body'. CCGs are less likely to be involved in the heart of planning, but will be heavily involved in incidents that affect their sector, through co-operation in response and sharing of information <ul style="list-style-type: none"> ○ The assessment did not include GP practices • CCG requirements (<i>page 1</i>) • Role of the CCG in terms of planning and prevention (<i>page 1</i>) • EPRR Policy (<i>page 2</i>) • Business Continuity (<i>page 2</i>) • On-call (<i>page 2</i>) <ul style="list-style-type: none"> ○ The CCG have an on-call arrangement in place and include Ebola information in the on-call pack as required. Contact details are shared with partners. This has been tested 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the content of the report • Approved the Core Standards Improvement Plan 	RM

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<p>and was used by Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) week commencing 17 November 2014</p> <ul style="list-style-type: none"> ○ The on-call arrangement is currently being reviewed, and under consideration is a shared on-call arrangement with North East Lincolnshire CCG • Local Health Resilience Partnership/Local Resilience Forum Humber Health Group (<i>page 2</i>) • Testing and Training (<i>page 2</i>) • Assurance (<i>page 3</i>) • Training (<i>page 3</i>) <ul style="list-style-type: none"> ○ An annual EPRR staff training and awareness event will take place annually, the next event will be held in January 2015, as part of a CCG Team meeting • Pandemic Influenza/Infectious Disease Plan (<i>page 3</i>) • EPRR Core Standards Improvement Plan (<i>page 4</i>) <ul style="list-style-type: none"> ○ Actions to be 'green' by March 2015 • FC advised that there was a need to ensure there was a 'provider/commissioner' understanding of roles and responsibilities regarding EPRR 		
<p>8.8 Human Resources Policies</p> <p>8.8.1 Annual Leave Policy</p> <p>8.8.2 Change Management</p> <p>8.8.3 Managing Work Performance</p> <p>8.8.4 Maternity, Maternity Support (Paternity), Adoption and Parental Leave</p> <p>8.8.5 Pay Protection Policy</p> <p>8.8.6 Travel and Expenses Policy</p> <p>8.8.7 Working Time Regulations Policy</p> <p>AC presented Items 8.8.1 to 8.8.7 on behalf of Kerry Ryan, Human Resources Business Partner, North Yorkshire and Humber Commissioning Support Unit. The policies were taken as 'read'. It was noted that all CCG staff had the opportunity to contribute to the development of the policies. Each policy was also subject to approval from the Joint Trade Union Partnership Forum. The CCG Governing Body was asked to review and approve the policies.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Reviewed and approved the Annual Leave Policy • Reviewed and approved the Change Management Policy • Reviewed and approved the Managing Work Performance Policy • Reviewed and approved the Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy • Reviewed and approved the Pay Protection Policy • Reviewed and approved the Travel and Expenses Policy • Reviewed and approved the Working Time Regulations Policy 	CO
<p>8.9 Staff Survey</p> <p>AC presented Item 8.9 and the report was taken as 'read'. The report provided the Governing Body with a briefing on the findings of the staff survey, and the associated action plan. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • There was a total of 14 respondents, which represented a response rate of 78% • Not all questions were compulsory and respondent 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the staff survey findings and the associated action plan <p>Action: AC to update the Governing Body at the next</p>	CO

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<p>numbers dropped to 11 for some aspects of the survey</p> <ul style="list-style-type: none"> • Staff satisfaction score of 70.47%. This score ranks fourth out of the five participating CCG's in the survey (the score does not take into account any additional questions asked by individual CCG's for consistent benchmarking purposes) • Highest scoring questions (% positive) • Lowest scoring questions (% positive) • Action planning <ul style="list-style-type: none"> ○ Appraisal and training <ul style="list-style-type: none"> ▪ Training has currently largely focussed on the mandatory training. All staff are undertaking an annual appraisal which should also help identify any training and development needs. Appraisals should be completed before the end of March 2015 ▪ It was felt that appraisals should be undertaken as a 'priority' within the CCG ○ CCG capacity and resilience <ul style="list-style-type: none"> ▪ The 'Do, Buy, Share' analysis of CCG functions is currently being reviewed, to establish if the balance of internal versus commissioned capacity is correct ▪ The review is informed by the practical experiences of the CCG (both in shadow and fully authorised form), of using the Commissioning Support Unit, the effective management of local challenges and the NHS England assurance process ▪ It is expected that the outcomes of the review will see a shift of some capacity to the CCG, which will support greater overall resilience and responsiveness ○ Engagement and communication <ul style="list-style-type: none"> ▪ To help inform the development of a plan to improve staff engagement and communication, staff had been asked to participate in a questionnaire conducted via survey monkey. The aim is to provide insight for the Chief Officer and the Executive Team as to the specific areas for improvement, and how this might be achieved ▪ It was noted that the CCG Team met on a fortnightly basis, it was suggested that this time could perhaps be utilised differently 	<p>meeting on 12 February 2015</p>	

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<ul style="list-style-type: none"> ▪ It was agreed that effective communication was of utmost importance, and that there was a direct link between the actions identified 		
ITEMS FOR AWARENESS AND NOTING		
8.10 CCG Audit Group Minutes: 4 June 2014 TP presented Item 8.10 and the report was taken as 'read'. The CCG Audit Group minutes were for information only.	Decision: The CCG Governing Body: <ul style="list-style-type: none"> • Received and noted the CCG Audit Group minutes 	CFO&BS
8.11 CCG Quality Group Minutes: 25 September and 23 October 2014 JP presented Item 8.11 on behalf of CW, and the report was taken as 'read'. The CCG Quality Group minutes were for information only.	Decision: The CCG Governing Body: <ul style="list-style-type: none"> • Received and noted the CCG Quality Group minutes 	ASO Q&A
8.12 Quality and Risk Report JP presented Item 8.12 on behalf of CW, 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. Specific areas highlighted/discussed: <ul style="list-style-type: none"> • Provider Assurance: Mortality at Northern Lincolnshire and Goole NHS Foundation Trust (<i>page 3</i>) <ul style="list-style-type: none"> ○ It was queried whether the quoted SHMI score figures for the Trust's weekend versus weekday (103 for weekend versus 110 for a weekday) was correct, or whether the figures had been transposed <ul style="list-style-type: none"> ▪ CB confirmed that the quoted figures were correct • Patient Experience: Friends and Family Test (FFT) (<i>pages 9, 10</i>) • Primary Care Quality: Friends and Family Test (FFT) (<i>page 12</i>) <ul style="list-style-type: none"> ○ From December 2014, all general practices will have to participate in the Friends and Family test ○ Practices will not need to upload data on a monthly basis until February 2015, and this will be for data collected during January ○ No minimum target has been set in terms of numbers of responses required, but figures will be published indicating response rates for each practice ○ The decision not to use the 'net promoter score' concept was welcomed by the Governing Body 	Decision: The CCG Governing Body: <ul style="list-style-type: none"> • Noted the Quality and Risk Report 	ASO Q&A

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> ○ A support package for practices has been developed by the CCG, with the assistance of the Commissioning Support Unit. ○ The package which includes postcards, posters, a collection box and an online reporting tool has now been distributed to practices ○ On-going advice and support will be available to practices to help them fulfil FFT requirements and upload data to the national team ○ The CCG continues to be a part of the national work stream for GP FFT implementation, and has supported a number of regional awareness raising events 		
<p>8.13 North Lincolnshire Local Safeguarding Children Board Annual Report 2013 - 2014</p> <p>JP presented Item 8.13 on behalf of CW, and the report was taken as 'read'. The annual review report evaluated and reported on the effectiveness of safeguarding arrangements for children and young people in North Lincolnshire. The report presented an evaluation of the effectiveness of the Local Safeguarding Children Board (LSCB) in carrying out its statutory functions, the effectiveness of multi-agency practice to safeguard and promote the welfare of children and young people and the progress made against LSCB priorities to:</p> <ul style="list-style-type: none"> • Reduce the harm from exploitation of children and young people • Provide Early Help to children and young people • Support parenting capacity <p>As part of the process of aligning the work of the LSCB with the Safeguarding Adult Board, there are now joint priorities agreed by the two Boards at joint development sessions:</p> <ul style="list-style-type: none"> • Domestic abuse: particularly in relation to individuals who are subject to Multi Agency Risk Assessment Conference (MARAC) • Further enhancement of integrated front line practice between children and adult based services • Further promotion of Early Help with children and their families <p>These priority areas will be taken forward in 2014-2015.</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the North Lincolnshire Local Safeguarding Children Board Annual Report 2013 - 2014 	<p>ASO Q&A</p>
9.0 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"> • North Lincolnshire CCG Annual Report 2013 – 2014: Related Party Transactions 2013 – 2014 <p>A query was raised regarding suspected errors on five pages within the Annual Report, regarding Related Party Transactions. It was queried whether the quoted figures were correct. TP advised that the figures were correct, and £'000 related to 'pounds in millions'. When a Governing Body member declares an interest, the total amount of the contract with that</p>	<p>Decision: Noted</p> <p>Action: TP to advise NHS England of the query, and the suggestion to add a note to future Annual Reports</p>	<p>Chair</p> <p>TP</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>primary care co-commissioning.</p> <ul style="list-style-type: none"> Night Discharges from Northern Lincolnshire and Goole NHS Foundation Trust Concern was expressed as to why some patients were being discharged from Northern Lincolnshire and Goole NHS Foundation Trust between 22:00 and 23:00. It was confirmed that there were currently no contractual clauses in relation to discharge timings, and that there were circumstances where discharge was in the best interest of the patient. Dementia Support for both patients with dementia and their carers was discussed. CB advised that the 'perfect' week pilot aimed to improve the way that patients move through the various steps in the whole health and social care system. The pilot had looked at the assessment process and the environment, to ensure the required multi-disciplinary assessment was both patient friendly and rapid, with the appropriate support being made available. Vitamin D A member of the public highlighted the recently published NICE guidelines regarding Vitamin D, which aimed to increase supplement use to prevent vitamin D deficiency among at risk groups (including over 65 year olds and people who have little or no exposure to the sun). It was noted that the main natural source of vitamin D was from sunlight on the skin, and it was also found in some foods e.g. oily fish. Specific areas highlighted: <ul style="list-style-type: none"> ○ Cost implications for the CCG ○ Testing for vitamin D deficiency ○ Public Health advice ○ Use of the North Lincolnshire News Direct magazine, to pass on Public Health messages to the residents of North Lincolnshire ○ Public awareness campaign 	<p>Action: FC to take forward the promotion of public awareness, with the Commissioning Support Communications Team</p>	<p>DoPH</p>
10.0 ANY OTHER BUSINESS		
10.1 Urgent Items by Prior Notice		
<p>10.1.1 Mental Health Crisis Care Concordat CB advised that a briefing paper regarding the Mental Health Crisis Care Concordat had been discussed at the Health and Wellbeing Board on 9 December 2014. The North Lincolnshire Concordat was being taken forward, to enable local partnership working to continue to improve crisis care for people with mental health needs in North Lincolnshire. Local organisations were being asked to sign and support the declaration.</p> <p>The concordat, which has already been signed by</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the verbal update and supported the signing of the Mental Health Crisis Care Concordat on behalf of North Lincolnshire CCG <p>Action: CB to share the briefing paper, letter and declaration via e-mail to the</p>	<p>DoC</p> <p>DoC</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
22 organisations nationally, including NHS England, the Association of Chief Police Officers and the Royal College of Psychiatrists, sets out the standards of care people should expect if they suffer a mental health crisis and details how emergency services should respond.	Governing Body	
11.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 12 February 2015 13:30 – 16:00 Board Room, Health Place, Brigg	Decision: Noted	Chair
12.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
12.1 CCG Engine Room – Decisions Made Log: October and November 2014	Decision: Noted, for information only	CO