

MEETING:	19 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	 GOVERNING BODY
MEETING DATE:	Thursday 12 February 2015	
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
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 Nick Stewart (<i>NS</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
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 Items 6.2 and 7.1</i>	NHS North Lincolnshire CCG
Karen Jackson (<i>KJ</i>)	Chief Executive and Lead Accountable Officer for Healthy Lives, Healthy Futures <i>In attendance for Item 8.0 only</i>	Northern Lincolnshire and Goole NHS Foundation Trust

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Andrew Lee (<i>AL</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr James Mbugua (<i>JM</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 nineteenth meeting 'in public' of the Clinical Commissioning Group Governing Body. Apologies were noted, as detailed above. It was highlighted that Estuary TV, a local television channel for Northern Lincolnshire and East Yorkshire, would be filming the Governing Body at the start of the meeting, although no sound would be recorded, for a report in relation to Item 7.9 (Independent Review of Mulberry Ward, Great Oaks).	Decision: Noted	Chair
2.0 DECLARATION OF INTERESTS		
MS invited those with any Declarations of Interest, not previously declared, to make them known to the meeting.	Decision: Noted	Chair

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It was noted that all CCG Governing Body GP members were now members of the Federation. This would be a declaration for all CCG meetings going forward.		
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 11 DECEMBER 2014		
The minutes were accepted as an accurate record of the meeting.	Decision: Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 11 DECEMBER 2014		
<ul style="list-style-type: none"> • Item 7.3 (10.04.14): CCG Quality Group Terms of Reference: <i>Secondary Care Doctor to be a full member of the group</i> MS advised that the Secondary Care Doctor would be attending his first meeting, the Governing Body Workshop, on 12 March 2015. The outstanding action would be picked up once the Secondary Care Doctor had commenced in post. • Item 7.11 (12.06.14): Quality and Risk Report: <i>Safeguarding</i> CW advised that the Governing Body Workshop on 9 May 2015 would focus on safeguarding. • Item 7.1 (14.08.14): Individual Funding Request (IFR) Policy CB confirmed that leaflets describing the process had been made available to GP practices. MS advised that she had contacted her GP colleagues, but had been unsuccessful in recruiting a fourth GP Individual Funding Request Panel member. It was agreed to seek to recruit later in the year. • Item 7.4 (09.10.14): Contract Trading Report TP advised that the action was complete, as the contract trading information had now been incorporated into the Finance Report. • Item 8.3 (11.12.14): Corporate Performance Executive Summary (December 2014): <i>Ambulance information to be provided on a bi-monthly basis</i> TP confirmed that the Corporate Performance Executive Summary had been updated. Unfortunately East Midlands Ambulance Service NHS Trust (EMAS) were unable to provide the requested information at this time, due to the implementation of a new system. • Item 8.3 (11.12.14): Corporate Performance Executive Summary (December 2014): <i>Key messages regarding thrombolysis</i> TP confirmed that the action was complete, as any key messages from the quarterly national stroke report regarding thrombolysis would be included in future performance executive summary reports. • Item 8.6 (11.12.14): Contract Trading Report TP advised that the action was complete, as the contract trading information had now been incorporated into the Finance Report. • Item 8.9 (11.12.14): Staff Survey Action completed. On agenda under Item 7.5. • Item 9.0 (11.12.14): North Lincolnshire CCG Annual Report 2013-2014: Related Party Transactions 2013-2014 TP advised that guidance had just been released; this would be reviewed in due course. The suggestion made at the last meeting by a member of the public, regarding ensuring the quoted figures within the Annual Report were explained, would be taken forward. 	Decision: Noted	Chair

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<ul style="list-style-type: none"> • Item 9.0 (11.12.14): Patient Participation in the NHS111 Quality Group CW apologised if the CCG had in any way misled any member of the public, but noted that Hull CCG had decided not to invite patient representatives to be part of the NHS111 Quality Group. Members of the public were encouraged to join 'Embrace' to be included in specific projects in the future • Item 9.0 (11.12.14): Bed Availability at Scunthorpe General Hospital MS confirmed that she had raised the highlighted issue with Dr Withers, Medical Director, Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT). TP advised that she had also raised the issue in the context of Healthy Lives, Healthy Futures • Item 9.0 (11.12.14): Vitamin D FC advised that Vitamin D would be moved further up the schedule for public awareness with the Yorkshire and Humber Commissioning Support Communications Team • Item 10.1.1 (11.12.14) Mental Health Crisis Care Concordat CB advised that the action was complete, as she had shared the briefing paper, letter and declaration via e-mail. 		
5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)		
Nothing discussed.	Decision: Noted	Chair
6.0 CLINICAL COMMISSIONING		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
<p>6.1 Business Planning Requirements</p> <p>CB presented Item 6.1 and the report was taken as 'read'. The paper provided an overview of the 2015/2016 planning guidance requirements and timescales. The 2015/2016 submission will be a refresh of year 2 of last year's Operational Plan, set in the context of the Five Year Forward View, and will tie in closely with the plans for Healthy Lives, Healthy Futures, the Better Care Fund and the Elderly Care Fund. New service models should focus on prevention, empowering patients and engaging communities within new care models.</p> <p>The CCG submitted the headline plan data (sub-set of the activity and finance submission spread-sheet) on 13 January 2015, and the constitutional measures submission, detailing planned performance against constitutional standards, on 28 January 2015. A submission of full draft plans, to include a finance and activity plan, constitutional measures and a draft narrative document would be submitted by 27 February 2015, with the submission of full and final plans by 10 April 2015.</p> <p>Broad workstreams are currently evolving, and will be subject of further discussion at Engine Room meetings throughout February and March 2015 prior to the plan being formally approved by the Governing Body on 9 April 2015.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • It was queried whether there was an inaccuracy in the third paragraph <i>'NHS Constitution standards remain, with the addition of access standards for mental health</i> 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the content of the report • Delegated the development of the plan to the CCG Engine Room, prior to formal approval of the plan at the CCG Governing Body on 9 April 2015 	DoC

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<p><i>services. To support delivery of this, NHS England expect CCGs to increase spend on mental health services by at least as much as the CCG allocation increases'</i></p> <p>CB confirmed that CCGs were expected to increase spend on mental health services by at least as much as the CCG allocation increases, 'in percentage terms'.</p>		
<p>6.2 Primary Care Co-commissioning</p> <ul style="list-style-type: none"> • Conflicts of Interest Policy • Terms of Reference: Joint Commissioning Committee, including Scheme of Delegation, NHS England and North Lincolnshire CCG <p>JP presented Item 6.2 and the report was taken as 'read'. Approval was sought for the updated Conflicts of Interest Policy and the Terms of Reference for the North Lincolnshire CCG Joint Commissioning Committee; both documents are key parts of the CCG submission to engage in joint commissioning of primary care.</p> <p>The updated Conflicts of Interest Policy had been written to ensure that the CCG was compliant with updated national and statutory guidance set out in 'Managing Conflicts of Interest; Statutory Guidance for CCGs' December 2014. This guidance requires CCGs to strengthen their governance requirements in the management of conflicts of interest, particularly in respect to taking on increased responsibility for the commissioning of primary care.</p> <p>The Terms of Reference for the Joint Commissioning Committee were based on the model template as set out in Annex D of 'Next Steps towards Primary Care Commissioning', and have been developed with the support of NHS England. The Terms of Reference were approved at the North Lincolnshire CCG Council of Members meeting on 22 January 2015.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • JP advised that documents had been submitted to NHS England by the deadline of 30 January 2015 • An e-mail was received on 6 February 2015 from the Head of Planning and Assurance (North), NHS England advising of a small number of required amendments, in order to proceed with approval of the CCG submission to engage in joint commissioning for primary care <ul style="list-style-type: none"> ○ It was highlighted that there was a timing issue around approval of the overall application, if the new Conflicts of Interest Policy had not yet been approved by the Governing Body <ul style="list-style-type: none"> ▪ It was agreed that a 'Chair's Action' would take place, which was signed off by MS, AC and RJF on 10 February 2015 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Ratified the 'Chair's Action' approval of the revised Conflicts of Interest Policy • Approved the Terms of Reference for the Joint Commissioning Committee, as per the highlighted amendment to paragraph 11 	<p>ASO Q&A</p>

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<ul style="list-style-type: none"> ○ It was requested that before the constitutional amendments were finalised, the new Joint Commissioning Committee needed to be included in the list of committees of the Governing Body, with a brief explanation of its role, and then the Terms of Reference for the Committee need to be included in the constitution <ul style="list-style-type: none"> ▪ It was noted that the requested amendments had been made ○ A query had been raised, as the Vice Chair of the Committee had yet to be identified. It was noted that the Committee always had to be chaired by a Lay Member; therefore the Vice Chair also has to be a Lay Member. <ul style="list-style-type: none"> ▪ It was confirmed that paragraph 11 on page 41 of the report had been amended to: <p style="margin-left: 40px;"><i>'The Vice Chair of the Joint Committee shall be the CCG Lay Member for Governance'</i></p> 		
<p>6.3 Better Care Fund CB presented Item 6.3 and the report was taken as 'read'. A PowerPoint presentation was also used to provide an update.</p>  <p style="text-align: center;">6.3</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The Better Care Fund plan that was submitted to NHS England in September 2014 was placed in the 'Approved Subject to Conditions' category • The plan has been subject to further iteration of both the schemes included, and financial implications to address the conditions • In accordance with the Nationally Consistent Assurance Review (NCAR) terms, the plan was resubmitted on 9 January 2015 • Current Position <ul style="list-style-type: none"> ○ Approval for the plan from the national team was received on 6 February 2015 ○ There is full commitment from all health and social care providers and commissioners ○ Staff are engaged • Prevention <ul style="list-style-type: none"> ○ Wellbeing hubs supporting independence, and reducing isolation ○ Extra support to carers ○ Team working with Care Homes to support them to keep residents well ○ Links with the voluntary sector <ul style="list-style-type: none"> ▪ Extended invitation to the Frail and Frail Elderly Implementation Group every 8 weeks for voluntary sector 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Better Care Fund update 	<p>DoC</p>

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<p>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"> • Business Intelligence Zone (BIZ) <i>(page 4)</i> <ul style="list-style-type: none"> ○ The Governing Body was reminded that the BIZ could be visited by CCG members at any time via the link identified in the paper. Members were encouraged to save the link to their 'favourites' • Referral To Treatment (RTT) Numbers of > 52 Week Waiters <i>(page 4)</i> <ul style="list-style-type: none"> ○ It was queried whether the two patients had now received treatment • Accident and Emergency (A&E) 4 Hour Waiting Times <i>(page 4)</i> <ul style="list-style-type: none"> ○ The December 2014 position has now moved to 'Red' and is outside of the tolerance level ○ Reports are provided each week on the BIZ based on local data flows for all sites at Northern Lincolnshire and Goole NHS Foundation Trust (NLGFT) ○ Early data shows that January performance is not improving on this position • Category A Ambulance Response Times 8 Minute Red 1 <i>(page 5)</i> • Category A Ambulance Response Times 8 Minute Red 2 <i>(page 6)</i> • Category A Ambulance Response Times 19 Minute <i>(page 6)</i> <ul style="list-style-type: none"> ○ For the first time this financial year, the performance at East Midlands Ambulance Service (EMAS) NHS Trust against all three Category A indicators has moved from 'Amber' to 'Red', with performance significantly deteriorating below the target and tolerance level ○ The continued non-delivery of performance is an area of concern for commissioners, and formal reviews continue to take place • MRSA <i>(page 6)</i> <ul style="list-style-type: none"> ○ There have been no further breaches of the MRSA target of zero tolerance. The Year To Date (YTD) position remains at 2 community acquired breaches as previously reported • CCG Quality Premium <i>(page 7)</i> 	<p>underperformance were being addressed at a local level to meet agreed targets and commitments</p> <p>Action: TP to feed back at the next meeting</p>	<p>CFO&BS</p>
<p>7.3 Finance Report: Month 9 (December 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 December 2014.</p> <p>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 <ul style="list-style-type: none"> ▪ The CCG has reported Year to Date (YTD) achievement of all its key financial targets (with the exception 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Finance Report 	<p>CFO&BS</p>

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<p>of the Better Payment Practice Code requirement). However, the CCG is still forecasting a year end achievement of all its key financial targets</p> <ul style="list-style-type: none"> ○ QIPP <ul style="list-style-type: none"> ▪ The CCG is currently reporting QIPP savings below target, which will be covered by balance sheet flexibilities, and the redeployment of reserves created from budget reviews ▪ The shortfall in recurrent QIPP savings will also add to the CCG's financial gap next year <ul style="list-style-type: none"> ○ Concern was expressed regarding the QIPP shortfall ○ Running Costs <ul style="list-style-type: none"> ▪ The CCG is currently on course to hit this target at the end of the financial year ○ Risks <ul style="list-style-type: none"> ▪ The evaluation of risks presented in the report continue to be significantly lower than previous months ○ Contract Position <ul style="list-style-type: none"> ▪ A combined Finance and Contract report is presented, to include the current contract trading positions ○ Provider Management Report <ul style="list-style-type: none"> ▪ It was noted that a summary in relation to provider management was being produced ○ Headlines and Key Messages (<i>page 5</i>) ○ Services for Vulnerable People (including Continuing Health Care) (<i>page 8</i>) <ul style="list-style-type: none"> ▪ Continuing Health Care (CHC) <ul style="list-style-type: none"> ○ Overspend position deteriorating ○ A rebate from NHS England in respect of the CHC legacy risk pool, has reduced the overspend further ○ The CCG will not be allowed to spend this funding in 2014/2015, as the CCG has been instructed to increase its target surplus by an equivalent figure. The rebate will only be able to fund new expenditure from 2015/2016 at the earliest, subject to the CCG receiving NHS England approval to 		

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<p style="text-align: center;">drawdown its full carried forward surplus</p> <ul style="list-style-type: none"> ○ Better Payment Policy (BPP) Performance (pages 12 & 13) ○ Financial Governance (page 15) ○ Contract Trading Position (pages 15 – 22) 		
<p>7.4 Human Resources Policies</p> <p>7.4.1 Recruitment and Retention Premia Policy</p> <p>7.4.2 Recruiting Ex-Offenders Policy</p> <p>AC presented Items 7.4.1 and 7.4.2 on behalf of Emma Kirkwood, Human Resources Business Partner, Yorkshire and Humber Commissioning Support. 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 had been approved by the Joint Trade Union Partnership Forum on 28 January 2015. 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 Recruitment and Retention Premia Policy • Reviewed and approved the Recruiting Ex-Offenders Policy 	CO
<p>7.5 Staff Survey</p> <p>AC presented Item 7.5 and the report was taken as 'read'. The report provided the Governing Body with an update in terms of the action plan, further to the briefing on the findings of the staff survey, and the associated action plan on 11 December 2014.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Engagement and Communication <ul style="list-style-type: none"> ○ It had been agreed at a recent CCG Team Meeting that Mondays would become the CCG business day, to complement Thursdays. The team agreed to prioritise Mondays as a Brigg based day ○ The Team Meeting/Brief would take place monthly, with meetings regarding any 'matters of moment' as required ○ Open door policies would be maintained 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the actions taken • Noted that the staff survey would be undertaken again in 2015 	CO
ITEMS FOR AWARENESS AND NOTING		
<p>7.6 CCG Audit Group Minutes: 22 October 2014 and 11 December 2014</p> <p>TP presented Item 7.6 and the report was taken as 'read'. The CCG Audit 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 Audit Group minutes 	CFO&BS
<p>7.7 CCG Quality Group Minutes: 27 November 2014</p> <p>CW presented Item 7.7 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>7.8 Quality and Risk Report</p> <p>CW presented Item 7.8 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</p>	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Quality and Risk Report 	DoR&QA

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population of North Lincolnshire.		
<p>7.9 Report of the Independent Review of Mulberry Ward, Great Oaks</p> <p>CW presented Item 7.9 and the report was taken as 'read'. The report detailed the outcome of an independent review that was commissioned from NICHE Patient Safety by the CCG.</p> <p>The report was commissioned due to a number of concerns that had been raised with regard to care at the Great Oaks Mental Health Unit. The services at Great Oaks are provided by Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH).</p> <p>The issues raised were:</p> <ol style="list-style-type: none"> 1. There had been a cluster of serious incidents 2. Figures submitted by the Police to the Local Authority showed a significant rise in incidents logged, with regard to missing patients from the unit 3. Concerns that under 18 year olds have been admitted to the unit 4. Concerns had been raised by Scunthorpe and District Branch of 'Mind' – Voice of Service Users <p>The report concludes that there is no evidence that patient care on Mulberry ward is unsafe, and safety has improved significantly since the summer of 2013. There are sound governance systems in place, and the evidence demonstrates that the incidence of patient safety issues has reduced.</p> <p>Twenty recommendations have been identified to further develop systems and processes, and make improvements to quality and the patient experience, and RDASH have developed an action plan to implement those changes. The action plan will be monitored through both the Serious Incident Group and the Quality Group, and updates will be provided to the Governing Body.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • The Trust made significant changes to the leadership, and introduced additional leaders • There are sound governance systems in place and the evidence demonstrates that the incidence of patient safety issues has reduced • The key recommendations that will drive improvements focus on: <ul style="list-style-type: none"> ○ Record keeping ○ Care planning ○ Improving psychology input for patients ○ Further development of the Serious Incident processes ○ Continued focus on leadership development • Suicide prevention • Section 17 leave • Access to services in a timely manner 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the findings of the report, and approved the pathway for monitoring achievement of changes advised in the recommendations 	DoR&QA

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<ul style="list-style-type: none"> No concerns from the Coroner AC advised that she was a Partner Governor on the RDASH Council of Governors, and highlighted that the report provided assurance that actions taken had made a difference RDASH were thanked for being open and transparent throughout the review by the Governing Body 		
8.0 HEALTHY LIVES, HEALTHY FUTURES		
<p>KJ and RJF provided a verbal update regarding Healthy Lives, Healthy Futures (HLHF). It was noted that KJ was the Lead Accountable Officer and RJF was the Clinical Lead for the programme.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> The recommendation to make permanent the temporary arrangement of centralised Hyper-Acute Stroke services at the Scunthorpe General Hospital site, and the centralisation of the Ear, Nose and Throat Inpatient Surgery service at the Diana Princess of Wales Hospital site in Grimsby was endorsed in November 2014 The programme has a clear governance structure <ul style="list-style-type: none"> HLHF Programme Board Clinical Leadership Group System Sustainability Plan Group Planning and Resources Group Marketing Communications and Engagement Group HLHF Assurance Group Links with the Better Care Fund and Frail Elderly work Clinical workshops have taken place, which have generated a spirit of wanting to be part of change from both North and North East Lincolnshire Primary and Secondary Care clinicians An update to be provided at the next Governing Body meeting on 9 April 2015 	<p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted the verbal update 	HLHF AO & HLHF CL
9.0 PUBLIC QUESTION TIME		
<ul style="list-style-type: none"> Report of the Independent Review of Mulberry Ward, Great Oaks A member of the public advised that she was a Governor for RDASH, and was very pleased with the CCG involvement in the report. 	Decision: Noted	Chair
10.0 ANY OTHER BUSINESS		
10.1 Urgent Items by Prior Notice Nothing discussed.	Decision: Noted	Chair
11.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 9 April 2015 14:00 Board Room, Health Place, Brigg	Decision: Noted	Chair
12.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY		
12.1 CCG Engine Room – Decisions Made Log: December 2014 and January 2015	Decision: Noted, for information only	CO

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
12.2 Health and Wellbeing Board Minutes: 16 September 2014	Decision: Noted, for information only	CO