


Please note: These minutes remain in 'draft' form until they are approved at the next NHS North Lincolnshire CCG Governing Body meeting on 13 October 2016

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| MEETING: | 28 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body |  GOVERNING BODY |
| MEETING DATE: | Thursday 11 August 2016 | |
| 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 |
| Ian Reekie (<i>IR</i>) | CCG Lay Member, Patient & Public Involvement/Vice CCG Chair | NHS North Lincolnshire CCG |
| Liane Langdon (<i>LL</i>) | Chief Officer | NHS North Lincolnshire CCG |
| Ian Holborn (<i>IH</i>) | Chief Finance Officer | NHS North Lincolnshire CCG |
| Catherine Wylie (<i>CW</i>) | Director of Risk & Quality Assurance/ Nurse Member | NHS North Lincolnshire CCG |
| Richard Young (<i>RY</i>) | Interim Director of Commissioning | 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>JMb</i>) | CCG Member/General Practitioner | NHS North Lincolnshire CCG |
| Dr Nick Stewart (<i>NS</i>) | CCG Member/General Practitioner | NHS North Lincolnshire CCG |
| Dr Faisal Baig (<i>FB</i>) | CCG Member/General Practitioner | NHS North Lincolnshire CCG |
| Paul Evans (<i>PE</i>) | CCG Lay Member, Governance | NHS North Lincolnshire CCG |
| Cheryl George (<i>CG</i>) | Consultant in 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 8.1 and 8.6 only</i> | NHS North Lincolnshire CCG |

| APOLOGIES: | | |
|-----------------------------|---------------------------------|----------------------------|
| NAME | TITLE | SERVICE/AGENCY |
| Dr Andrew Lee (<i>AL</i>) | CCG Member/General Practitioner | NHS North Lincolnshire CCG |

| SUMMARY OF DISCUSSION | DECISION/ACTION (including timescale for completion or update) | LEAD |
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| 1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY | | |
| <p>MS welcomed all attendees to the twenty-eighth meeting 'in public' of the Clinical Commissioning Group Governing Body.</p> <p>Ian Holborn, Chief Finance Officer, Richard Young, Interim Director of Commissioning and Cheryl George, Consultant in Public Health were all welcomed to their first Clinical Commissioning Group Governing Body meeting.</p> <p>Apologies were noted, as detailed above.</p> <p>It was noted that the meeting was quorate to proceed.</p> | 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. No declarations were received. | Decision: Noted | Chair |

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| 3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 9 JUNE 2016 | | |
| The minutes were accepted as an accurate record of the meeting. | Decision: Noted | Chair |
| 4.0 ACTION LOG – ACTIONS UPDATE FROM 9 JUNE 2016 | | |
| <p>Actions from the meeting held on 9 June 2016:</p> <ul style="list-style-type: none"> Item 7.1: Board Assurance Framework Report <ul style="list-style-type: none"> Action complete. LL confirmed that the Assurance Framework had been reviewed after the Sustainability and Transformation Plan (STP) submission on 30 June 2016 Item 7.2: Quality Report: Care Quality Commission (CQC) Inspection Update <ul style="list-style-type: none"> Action complete. IR advised that a representative from the Care Quality Commission had agreed to attend the next Patient Participation Group Members Conference Item 7.7: Individual Funding Requests Annual Report 2015/2016 <ul style="list-style-type: none"> It was confirmed that a review of the Individual Funding Request (IFR) commissioning statements, policy and process was taking place Item 7.8: CCG Audit Group: Summary Update Report – Annual Governance Statement <ul style="list-style-type: none"> Action complete. KL had shared the Annual Governance Statement Item 10.1: Committee Summary Reports <ul style="list-style-type: none"> The Chair and LL would discuss further whether a standard template for summary reports is necessary | Decision: Noted | Chair |
| 5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA) | | |
| There were no matters arising to be discussed. | Decision: Noted | Chair |
| 6.0 CHAIR/CHIEF OFFICER UPDATE | | |
| 6.1 Secondary Care Doctor, Lay Member and GP Member Recruitment | | |
| <p>MS advised that interviews for the Secondary Care Doctor and a third Lay Member had taken place on 5 August 2016, more information would be made available to CCG Governing Body members in due course, once the relevant paperwork for the successful candidates had been completed.</p> <p>It was noted that Dr Nick Stewart would be standing down from his role as CCG GP member at the end of September 2016. The vacancy was currently being advertised. External assessment of the candidates would be undertaken prior to appointment.</p> | Decision: Update noted | Chair |
| 6.2 NHS North Lincolnshire CCG Annual General Meeting: 28 July 2016 | | |
| MS advised that the CCG Annual General Meeting had taken place on 28 July 2016. The Annual Report and Annual Accounts for 2015/2016 had been presented. A number of changes to the Constitution had been agreed. | Decision: Update noted | Chair |
| 6.3 Health Matters 4: 10 August 2016 | | |
| <p>MS reported that local people had been given the opportunity to help shape future services across North Lincolnshire by taking part in a Health Matters event. Health Matters 4 was held on 10 August 2016 at The House, Brumby Wood Lane, Scunthorpe.</p> <p>It was highlighted that the events allow people to share their</p> | Decision: Update noted | Chair |

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| experiences of healthcare, ask questions and give their opinion on a number of local health and care plans, to improve what is available in the area. There had been positive feedback from the event. | | |
| 6.4 Humber, Coast and Vale Sustainability and Transformation Plan (STP) | | |
| LL confirmed that the initial draft Sustainability and Transformation Plan (STP) submission had been made on 30 June 2016. Feedback would be shared at a later date. It was confirmed that Emma Latimer, Chief Officer, NHS Hull CCG was the Senior Responsible Officer (SRO) for the plan. Discussion took place regarding the challenges in relation to alignment with the devolution footprint. | Decision: Update noted | CO |
| 6.5 NHS North Lincolnshire CCG Proposed Revised Structure | | |
| LL advised that a 30 day consultation had commenced (3 August until 2 September 2016) in relation to the CCG proposed revised staffing structure. The post consultation final structure would be confirmed and communicated to staff and trade union representatives by 6 September 2016. Implementation of the new structure would begin from 7 September 2016. | Decision: Update noted | CO |
| 6.6 Performance: Accident & Emergency, Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) | | |
| LL advised that the Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) Accident and Emergency four hour waiting time performance was not meeting the required target level of 95%. It was highlighted that the local Scunthorpe site position had met the requirement in both May and June 2016; however the overall Trust position was lower due to performance levels at the Diana Princess of Wales Hospital in Grimsby. | Decision: Update noted | CO |
| <p>United Lincolnshire Hospitals NHS Trust</p> <p>Discussion took place regarding the potential reduction in the opening hours of the Grantham and District Hospital Accident and Emergency Department, due to staff shortages.</p> <p>It was highlighted that there had been no indication to date that NLaGFT were experiencing difficulties on this scale or that any similar action was being considered.</p> <p>St. Helen's Clinical Commissioning Group (CCG), Merseyside</p> <p>Discussion took place regarding the proposal by St. Helen's CCG to temporarily suspend all non-essential hospital referrals for four months.</p> <p>It was highlighted that North Lincolnshire CCG were not considering measures of that nature at this time.</p> | | |
| 7.0 COMMISSIONING | | |
| 7.1 Children and Adolescent Mental Health Services (CAMHS) Transformation Plan Update | | |
| <p>RY presented Item 7.1 and the report was taken as 'read'. The paper, as previously reported to the Health and Wellbeing Board, provided an update on each of the priorities as set out in the North Lincolnshire Transformation Plan. The priority areas were:</p> <ul style="list-style-type: none"> • Primary prevention • Workforce development • Access • Liaison • Eating disorders • Crisis and intensive support <p>Specific areas highlighted/discussed:</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Noted the update report as at 31 May 2016 with regard to the CAMHS Transformation Plan, and the on-going process of implementation • A quarterly update would be provided to the CCG Governing Body | IDoC |


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| <ul style="list-style-type: none"> It was highlighted that there was potential for slippage, due to risks associated with the recruitment of staff Implementation of the plan is being led by the Children and Young People's Emotional Health and Wellbeing Group | | |
| 7.2 Better Care Fund 2015-2016 Update and 2016-2017 Plan Progress | | |
| <p>RY presented Item 7.2 and the report was taken as 'read'. The paper, as previously reported to the Health and Wellbeing Board, set out the national deliverables for the Better Care Fund, the services invested in during 2015/2016, and a range of proposals for implementation in 2016/2017. New proposals would be subject to business case approval. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> The North Lincolnshire Better Care Fund (BCF) 2016-2017 plan and supporting data templates were submitted to NHS England on 29 April 2016, in accordance with the Health and Wellbeing Board report agreed at the meeting on the 22 March 2016. The plan was reviewed as part of the NHS England assurance process and was 'approved with support' A 'Celebrate Confirm and Challenge - BCF Scheme Evaluation Event' took place on 13 July 2016 Appendix 2: Quarter 4 Reported Position – 2015/2016 Outturn <ul style="list-style-type: none"> Patient Survey (GP Patient Survey Q39 – does your GP or health professional review your care plan with you regularly) % <ul style="list-style-type: none"> Quarter 4 Plan: 65% Quarter 4 Actual: 56.14% <ul style="list-style-type: none"> Discussion took place regarding the plan and the actual figure Governance/Assurance <ul style="list-style-type: none"> It was noted that further discussion would take place at the North Lincolnshire Strategic Commissioners Group Locality Teams <ul style="list-style-type: none"> It was highlighted that the five Local Authority locality teams work across the three CCG networks | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted the update report in relation to the Better Care Fund 2015/2016 and the progress in relation to the 2016/2017 plan | IDoC |
| 8.0 CORPORATE GOVERNANCE AND ASSURANCE | | |
| 8.1 Governing Body Assurance Framework | | |
| <p>JP presented Item 8.1 and the report was taken as 'read'. The report informed the CCG Governing Body of the risks to the delivery of the North Lincolnshire CCG strategic objectives.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> The Assurance Framework (AF) provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important (principal) objectives, and to map out both the key controls that should be in place to manage those objectives and confirm the CCG Governing Body has gained sufficient assurance about the effectiveness of these controls In line with the North Lincolnshire CCG Risk Management Strategy, all other identified risks are held on the North | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Noted and approved the Assurance Framework | ASOQ&A |

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| <p>Lincolnshire CCG Corporate and Directorate Risk Registers. Work is on-going to ensure that risks, including partnership risks, continue to be captured and managed at the appropriate level</p> <ul style="list-style-type: none"> The risks are presented in a new format that includes a risk tolerance score and a tracker chart. The format will be developed in light of feedback, requirements of the CCG and best practice guidance. In addition, the scoring matrix and severity guide taken from the CCG's Risk Management Strategy had been attached to help inform the CCG Governing Body's review of the identified risks The AF is reviewed by the Audit Group. The AF and CCG Corporate Risk Register are also reviewed regularly by the Quality Group There are currently five risks on the AF Risk ID F1: <i>'If the CCG fails to deliver a balanced budget there will be no resources to support investment and the CCG could lose ability to self-direct from NHS England'</i> <ul style="list-style-type: none"> Risk rating: 20 Gaps in Assurances <ul style="list-style-type: none"> Finance and Performance Committee to be established Discussion took place regarding the risk rating (likelihood 4, consequence 5) <ul style="list-style-type: none"> It was suggested that the risk rating should be reviewed The new report format was welcomed by CCG Governing Body members It was suggested that a future CCG Governing Body Workshop could be used to debate the Risk Scoring Matrix and the Severity Guidance | | |
| 8.2 Quality Report | | |
| <p>CW presented Item 8.2 and the report was taken as 'read'. The report provided an updated position in relation to key areas of risk and quality assurance within NHS North Lincolnshire Clinical Commissioning Group (CCG).</p> <p>The report informed the CCG Governing Body about the quality and safety of the services it commissions and, in doing so, provides 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>A key priority includes ensuring the strategic direction for improving and maintaining quality in commissioned services. CCG quality leads are working closely with service providers to ensure that all commissioned services are assessed consistently against both national and local key performance indicators.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Our Providers: Care Quality Commission (CQC) Status (<i>page 1</i>) <ul style="list-style-type: none"> It was agreed that the CQC status across the GP | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received and noted the Quality Report <p>Action: The CQC status across</p> | DoR&QA |

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| <p>practices in North Lincolnshire should be added to the report</p> <ul style="list-style-type: none"> ○ Discussion took place in relation to what would take a GP practice from a rating of 'good' to 'excellent' or 'outstanding' • Quality Dashboard: Provider Assurance Summary (<i>page 2</i>) <ul style="list-style-type: none"> ○ CQC position at Northern Lincolnshire and Goole NHS Trust (NLaGFT) <ul style="list-style-type: none"> ▪ The Trust is in the final stages of developing its CQC action plan; the plan has been devised in conjunction with Commissioners and will focus on implementing the actions that were agreed at the NLaGFT Quality Summit. Members of the NLaGFT Executive Contract Board (ECB) have agreed that the CQC action plan will be monitored by Commissioners at the NLaGFT ECB; the action plan will then be submitted to NLaGFT Quality Contract Review (QCR) for information and review | <p>the GP practices in North Lincolnshire should be added to the report</p> | |
| 8.3 Corporate Performance Executive Summary | | |
| <p>IH presented Item 8.3 and the report was taken as 'read'. The report provided the CCG with assurance against its corporate performance responsibilities, as set out in the CCG Assurance Framework and against its commissioning plan.</p> <p>The report informed, on an exception basis, of the corporate performance position (in support of the Business Intelligence Zone).</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • CCG Assurance: Areas by Exception (<i>pages 2 to 5</i>) <ul style="list-style-type: none"> ○ Performance Indicators <ul style="list-style-type: none"> ▪ 18 Week Referral to Treatment Times (RTT) <ul style="list-style-type: none"> • The commissioner request for an outstanding remedial action plan was escalated by the Quality Contract Review (QCR) on 23 June 2016 to the Executive Contract Board (ECB) on 27 June 2016. The CCG are awaiting the report ▪ Category A Ambulance Response Times <ul style="list-style-type: none"> • 8 minute RED 1 • 8 minute RED 2 • 19 minute <ul style="list-style-type: none"> ○ Performance for all three standards continues to fall below the national standards ○ Commissioners have requested sight of the | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the report and was assured that areas of underperformance were being addressed at a local level to meet agreed targets and commitments | <p>CFO</p> |

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| <p>East Midlands Ambulance Service NHS Trust (EMAS) Performance Improvement Plans to provide assurance and describe planned actions and milestones at the Contract Partnership Board. This will be included in exception reports when received</p> <ul style="list-style-type: none"> ▪ Reducing potential years of life lost from causes considered amenable to healthcare (all ages) <ul style="list-style-type: none"> • Public Health are looking into population by geography e.g. mortality by area. The report is expected in September 2016 • Overall Constitution Indicator Performance (<i>page 2</i>) <ul style="list-style-type: none"> ○ Green: 15 indicators ○ Amber: 5 indicators ○ Red: 4 indicators ○ No Data: 6 indicators • New Report Section: Soft Intelligence Section (<i>page 7</i>) <ul style="list-style-type: none"> ○ This section will highlight any potential new or significant performance issues or risks. It may suggest action to be undertaken, or simply be used to make the CCG aware of a status | | |
| 8.4 Finance Report: Month 3 (June) 2016/2017 | | |
| <p>IH presented Item 8.4 and the report was taken as 'read'. The report briefed the CCG Governing Body on the CCG's initial financial position and forecast achievement of duties for 2016/2017, before any corrective action is taken (as at the end of June 2016). Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Executive Summary (<i>page 1</i>) <ul style="list-style-type: none"> ○ At the end of month 3 (June), the CCG's financial position indicates that the CCG is currently on course to meet its year end targets, but only if significant management action and risk mitigation is undertaken before the year end • Key Points (<i>pages 2 & 3</i>) <ul style="list-style-type: none"> ○ Achievement of Statutory Targets ○ Risk and QIPP ○ Conclusion and Recommendation <ul style="list-style-type: none"> ▪ The CCG is facing a significant challenge in 2016/2017 to meet its financial targets, and the CCG's main priorities will be to: <ul style="list-style-type: none"> • Deliver robust contract monitoring of all contracts (but especially for all acute hospital | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> • Received and noted the Finance Report | CFO |

| SUMMARY OF DISCUSSION | DECISION/ACTION (including timescale for completion or update) | LEAD |
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| <p>contracts, and for Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) in particular)</p> <ul style="list-style-type: none"> Implement, develop and monitor sufficient QIPP scheme savings in 2016/2017, to mitigate any contract over-trades which materialise Work with local stakeholders, including NLaGFT and NHS England to identify and develop transformational activity changes which will move the CCG closer to recurrent financial balance <ul style="list-style-type: none"> Appendix 1: North Lincolnshire CCG: Commissioning Operating Cost Statement 2016/17 (page 4) | | |
| 8.5 North Lincolnshire CCG: Safeguarding Children Report: April 2015 – March 2016 | | |
| <p>CW presented Item 8.5 and the report was taken as 'read'. Section 11 of the Children Act 2004 places a duty upon all NHS bodies, along with partner agencies, to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.</p> <p>The NHS North Lincolnshire CCG Governing Body, as the organisation's governing body, has responsibility for ensuring that this duty is appropriately discharged. The report identified the arrangements in place in order to provide the required assurance that the above duty is being effectively discharged.</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received and noted the North Lincolnshire CCG Safeguarding Children Report (April 2015 – March 2016) | DoR&QA |
| 8.6 Revised Statutory Guidance on Managing Conflicts of Interest | | |
| <p>JP presented Item 8.6 and the report was taken as 'read'. The paper briefly outlined the key recommendations as set out in the final guidance for CCGs on the management of Conflicts of Interest (COI) and its implications for NHS North Lincolnshire CCG. The paper has been reviewed by the Audit Group, who will monitor COI compliance. Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> It was highlighted that the inclusion of an annual audit of COI would have an impact on the internal audit plan There was a need for robust administration to support the recommendations | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received, noted and discussed the revised NHS Conflicts of Interest guidance | ASOQ&A |
| 8.7 Continuing Healthcare (CHC) Retrospective Cases: Month 3 2016/2017 | | |
| <p>IH presented Item 8.7 and the report was taken as 'read'. The paper summarised the information on Continuing Healthcare (CHC) retrospective cases which had been submitted to NHS England as part of the month 3 reporting cycle.</p> | <p>Decision: The CCG Governing Body:</p> <ul style="list-style-type: none"> Received, noted and discussed the Continuing Healthcare Retrospective Cases (Month 3 2016/2017) update | CFO |

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| 8.8 CCG Audit Group: Summary Update Report | | |
| PE presented Item 8.8 and the report was taken as 'read'. The CCG Audit Group summary update was for information only. | Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the CCG Audit Group Summary Update Report | Chair of the Audit Group |
| 8.9 Joint Commissioning Committee: Summary Report | | |
| IR presented Item 8.9 and the report was taken as 'read'. The report updated CCG Governing Body members on decisions taken by the Joint Commissioning Committee (JCC) at a meeting held on 14 July 2016. In particular the CCG Governing Body was asked to note a further revision to the JCC terms of reference. | Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the Joint Commissioning Committee Summary Report Noted the revised terms of reference adopted by the JCC | Chair of the JCC |
| 8.10 CCG Executive Team Meeting: Summary Report | | |
| LL presented Item 8.10 and the report was taken as 'read'. The report highlighted to the CCG Governing Body the issues that had recently been considered, or were currently being considered by the CCG Executive Team. The report was for information and noting. | Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the CCG Executive Team Summary Report | CO |
| 8.11 CCG Quality Group: Minutes dated 22 June 2016 | | |
| CW presented Item 8.11 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 | DoR&QA |
| 8.12 CCG Engine Room – Agenda Item Log: June and July 2016 | | |
| MS presented Item 8.12 and the report was taken as 'read'. The CCG Engine Room: Agenda Item Log for June and July 2016 was for information only. | Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the CCG Engine Room Agenda Item Log | Chair |
| 8.13 A Patient Story | | |
| CW highlighted a patient's story, for information. It was agreed that this item would be added at the beginning of each CCG Governing Body agenda.  Patient Story | Decision: The CCG Governing Body: <ul style="list-style-type: none"> Received and noted the patient story | DoR&QA |
| 9.0 HEALTHY LIVES, HEALTHY FUTURES | | |
| 9.1 Update: Healthy Lives, Healthy Futures (HLHF) Programme | | |
| LL provided a verbal update in relation to the Healthy Lives, Healthy Futures (HLHF) programme. Specific areas highlighted/discussed: <ul style="list-style-type: none"> Caroline Briggs was now undertaking the Programme Director role for the Healthy Lives, Healthy Futures programme The health organisations and local authorities in North and North East Lincolnshire continue to work together to | Decision: The CCG Governing Body: <ul style="list-style-type: none"> Noted the verbal update | CO |

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| transform the health and care system through the Healthy Lives, Healthy Futures programme | | |
| 10.0 PUBLIC QUESTION TIME | | |
| 10.1 An opportunity for members of the public to ask questions linked to the agenda or the CCG | | |
| No questions were asked. | Decision: Noted | Chair |
| 11.0 ANY OTHER BUSINESS (Urgent Items by Prior Notice) | | |
| 11.1 Dr Nick Stewart, CCG GP Member | | |
| It was noted that NS would be leaving the CCG on 30 September 2016. NS was thanked for his input and work to date for the CCG. | Decision: Noted | Chair |
| 12.0 DATE AND TIME OF NEXT PUBLIC MEETING | | |
| Thursday 13 October 2016 13:30 Board Room, Health Place, Brigg | Decision: Noted | Chair |

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