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MEETING:	32nd Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	NHS North Lincolnshire Clinical Commissioning Group **GOVERNING BODY**
MEETING DATE:	Thursday 13 April 2017	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	**TITLE**	**SERVICE/AGENCY**
Dr Margaret Sanderson *(MS)*	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Ian Reekie *(IR)*	CCG Lay Member, Patient & Public Involvement/Vice CCG Chair	NHS North Lincolnshire CCG
Richard Young (RY)	Director of Commissioning	NHS North Lincolnshire CCG
Ian Holborn (IH)	Interim Chief Finance Officer and Business Support	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (RJF)	Director of Primary Care	NHS North Lincolnshire CCG
Dr Faisel Baig *(FB)*	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Satpal Shekhawat (SS)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Dr Richard Shenderey (RS)	Secondary Care Doctor	NHS North Lincolnshire CCG
Janice Keilthy (JK)	Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Heather McSharry (HMcS)	Lay Member, Equality & Diversity	NHS North Lincolnshire CCG
Erika Stoddart (ES)	Lay Member, Governance	NHS North Lincolnshire CCG
Christine Nield (CN)	Consultant in Public Health	North Lincolnshire Council
IN ATTENDANCE:		
Martina Skellon *(MSk)*	Office Manager/PA *(Note Taker)*	NHS North Lincolnshire CCG
Dr Tim Allison (TA)	Director of Public Health	East Riding of Yorkshire Council
Edwina Harrison *(EH)*	Independent Chair of the Local Safeguarding Children Board *In attendance for Item 6.1 only*	North Lincolnshire Council
Moira Wilson (MW)	Independent Chair of the Local Safeguarding Adults Board	North Lincolnshire Council
Jane Ellerton *(JE)*	Senior Manager; Commissioning *In attendance for Item 7 only*	NHS North Lincolnshire CCG
John Pougher *(JP)*	Assistant Senior Officer, Quality & Assurance *In attendance for Items 9.1 only*	NHS North Lincolnshire CCG
Chloe Nicholson (CNi)	Quality Manager *In attendance for item 9.2 only*	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	**TITLE**	**SERVICE/AGENCY**
Liane Langdon (LL)	Chief Officer	NHS North Lincolnshire CCG
Catherine Wylie (CW)	Director of Nursing & Quality	NHS North Lincolnshire CCG
Dr Andrew Lee (AL)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Neveen Samuel (NS)	CCG Member/General Practitioner/Medical Director	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	**DECISION/ACTION** (including timescale for completion or update)	**LEAD**
1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		

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MS welcomed all attendees to the 32nd meeting 'in public' of the Clinical Commissioning Group Governing Body. The Chair welcomed ES in her role of Lay Member, Governance. Apologies were noted, as detailed above. It was noted that the meeting was quorate to proceed.	**Decision:** Noted	Chair
2.0 DECLARATION OF INTERESTS		
ES declared that she was: • Resources Director at Ongo • Chair of the Audit Group • Governor at The Grimsby Institute • Business Advisor for Young Persons Enterprise. TA declared that he was: • Honorary Senior Lecturer at Hull & York Medical School • Secretary of the Association of Directors of Public Health.	**Decision:** Noted	Chair
3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 9 FEBRUARY 2017		
The minutes of the meeting held on 9 February 2017 were accepted as an accurate record of the meeting.	**Decision:** Noted	Chair
4.0 ACTION LOG – ACTIONS UPDATE FROM 9 FEBRUARY 2017		
Action Log – Actions Update from 9th February 2017. MS identified a minuting issue. Action required - had been cut and pasted from the minutes instead of being a brief summary of what the action was and who would do it. Policy updated STP plan - MS advised that her assumption was that an update was intended at this meeting. RBY confirmed this was correct.	**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 SAFEGUARDING ANNUAL REPORTS		
North Lincolnshire Local Safeguarding Children Board (LSCB) Annual Report 2015/2016 *Presentation by Edwina Harrison, Independent Chair of the Local Safeguarding Children Board.*  Safeguarding Presentation Key points: • New arrangements following the new Children and Social Work Bill which would abolish the need for an LSCB or an independent chair. Three key partners would lead instead – Local Authority, Health and Police. • Learning and improvement frameworks – concerns were expressed about the level of provision for young people in North Lincolnshire. Recognised as a national and key issue. • The Joint NE/NEL Child Death Overview Panel indicated that the number of child deaths reviewed remained very low. Information was	**Decision:** The CCG Governing Body: • Received and noted the presentation regarding the North Lincolnshire Local Safeguarding Children Board Annual Report 2015/2016	NLLSCB

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
still not being received so that panel could take place and forms were not being returned within the prescribed timescales for a serious case or Coroner review. • Recent CQC inspections discussed and how closely the CQC would be monitoring. • EH queried how the Governing Body was positioning itself, so it could provide influence in light of the new changes. MS asked RJF to respond. • RJF advised that all existing GPs should be aware of the process and their training was reviewed on an annual basis. Additionally, he had requested that he be informed about any GP or practice which had not completed the training, but he had not been informed of any. • CA~~a~~MHS, there was currently an independent review taking place. At risk from suicide was specifically being looked at. RBY advised that in terms of review timescales, he could not provide this information. However, Governing Body could be assured that a forum was in existence which looked at this issue and the CCG did have governance around this. • CQC report -NHSI had written to NLaG inviting them to attend an NLaG System Improvement Board meeting this week. A number of significant gaps in that structure had been identified e.g the Local Authority had not been included. This was how the system would start to respond to the CQC's concerns, and the assurance meeting had picked up on a number of issues. • Role of the Safeguarding Leads Forum queried. SS advised that each practice had a safeguarding lead and the forum met regularly. The forum brought the Leads together and it met with the safeguarding team. Standard templates and forms were agreed and case based experiences and best practice was discussed. • Forms had now been submitted to DXS which would go on the system with the referral details and flow charts. • If the Childrens' Boards disappeared and it became the responsibility of the Police, Local Authority and Health agencies, it was queried whether this might pose problems and whether these agencies could have an independent chair, if they wanted one. EH advised that this would be possible and arrangements could continue to be very similar. EH explained the political context behind discontinuing the Safeguarding Boards. Whilst it was felt that there was currently too much bureaucracy, there was also evidence of good practice, so it was possible that an independent chair could remain. • At present it was a statutory requirement to have a Board, but if this requirement was removed, there would be budgetary implications. • CN advised that there was a real time surveillance project going on with the police, who could pick up when there was a suspected suicide and this would run alongside mental health and suicide prevention work. This had been launched on December 1st with Public Health involvement. NLSAB priorities for Adult Safeguarding: • The safeguarding Adults Board worked closely with the Safeguarding Childrens' Board to promote Spaces of Safety across North Lincs. • Joint working arrangements were also in force with regard to domestic abuse/violence and working with the police in relation to modern slavery and trafficking issues. • NLSAB continued to raise awareness regarding how to keep people safe		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
and promoted good communication, so people knew where they could get help and support e.g website, Communications and Engagement Group and on-going work with Healthwatch linking in with experts and community groups. • Keeping adults safe in care and health settings fared better in Lincolnshire than in York and Humber. A structure was in place to ensure the system continued to improve. • Direct link with Care Provider Forum and they are represented on the Board. Good representation from all partners and CCG colleagues, the fire service and the police to ensure good multi agency working. • Annual Conference held recently. Theme – making safeguarding "personal" to ensure it is not just a process, but to protect and support people to ensure they maintain their independence and wellbeing and ensure they stay in control. • National performance data showed North Lincolnshire performs well. Higher percentage of people in this area felt safe this year compared to previous years. • 3 year strategic plan with key actions. • Need to reach out to diverse communities and groups who may not know how to access services. • Relatively low number of adult safeguarding reviews took place. • All agencies need to learn from reviews. More work to be done with the Board. • Greater detail in Annual Report if Governing Body wanted to look at this in greater detail. • There were no specific questions from the members regarding adult safeguarding.		
7.0 CHAIR/CHIEF OFFICER UPDATE		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
The Chair advised that from 1st April RBY would be the substantive Director of Commissioner and acting Accountable Officer in LL absence. • Capped expenditure. NLCCG and NLaG had received a letter on 7 April 2017 setting out how the system was expecting to return to a balancing figure, which meant that the CCG needed to set a value that gave us a balanced budget. The CCG were planning to set a deficit of £6m. IH advised that we were one of 12 CCG's in the country going into capped expenditure and there were two within our STP area. IH advised that there had been a conversation regarding what this might mean for the CCG and for the system as a whole, but this had not yet been digested at strategic level. IH advised that this would give us a special status at national level. Weekly briefings would take place to establish what progress had been made which would also involve NLaG and NELCCG. Information would need to be prepared for a meeting on 3 May 2017 with Richard Barker from NHSE. MS advised that NELCCG were in the conversation, but not the money side of it as they were impacted by NLaG decisions, but not the CEP process. It was queried how this could work if other main commissioner was not involved. IH advised that we would know more in next few weeks. • RS queried whether we could go back a step regarding issues with NLaG, and queried why the CQC had looked into NLaG and why NLaG had been chosen as a provider. Whether there was a particular issue locally for NLCCG to be connected with NLaG and to be one of 6 CCG's locally and	**Decision:**	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
referring back to the last Governing Body meeting, North East Lincolnshire did not have a contract with the hospital. RBY advised that we had agreed a contract, which had not been signed yet and NHSE and NHSI had rejected the plans which had been submitted. There was not a plan for 2017/18 yet, as NLaG needed to come up with a solution accepted by NHSE and NHSI. • CQC update. It was explained that NLaG had been returned to special measures for finance and quality purposes. NHSI had, as a result of that, convened a System Improvement Board, with a series of sub committees beneath it. The Board members included the Chief Officer at NLCCG, the Interim Chief Executive at NLaG, CCG North Riding, CQC, NHSI and NHSE; however no local authority had been included yet. • However, the Service Improvement Board could not decide anything about capped expenditure as none of the Regulators understood how the special measure we were under would support the capped expenditure process. CCG had been advised by NHSI and NHSE that they would consider this and a meeting had been arranged to discuss this further. RBY advised that the whole process meant the CCQ would have to make difficult decisions. A letter was expected next week putting the CCG into formal directions. • Better Care Fund - It was noted that the minimum investment level for the CCG had not been accepted by the Local Authority. In order to make the CCG books balance we needed to make a decision about capped expenditure. RBY advised that detailed planning meetings would be needed with the local authority as they relied on services that the Better Care Fund invested in and withdrawing from that might have a detrimental effect. The CCG needed to take a look at those investments as this needed clarity. MS advised that we had been communicating verbally rather than in the written form, which meant that it had been difficult to act decisively. • IR queried what the system cap meant for 2017/18. IH advised that there was about £30m of deficient budget between NLaG and the CCG and we had to get the plan agreed with NHSE. We had planned to expend £228m but would have to look to see what changes we could make on our side. • HMcS queried how quickly we would be expected to implement any changes and whether we would have enough time. RBY advised that under normal circumstances major service change was a process. If we were required to do that, this would mean any savings would be reduced as part of that. Some consultations could take up to 18 months and the magnitude of the savings required had not been taken into consideration.		
8.0 PATIENT'S STORY		
ITEMS FOR DISCUSSION AND/OR APPROVAL		
No patient story was discussed at this Governing Body meeting.	**Decision:** Noted	DoN&Q
9.0 CORPORATE GOVERNANCE & ASSURANCE		
9.1 Assurance Framework Report To inform the Governing Body of the risks to the delivery of North Lincolnshire CCG (NLCCG) strategic objectives and risks. JP advised that good challenge and critique had been received regarding improving processes. Had received significant assurance against the AF audit. • A01 key controls – HMcS questioned as HLHF was moving on to STP and accountable care partnership, whether this needed to be updated, possibly through a new arrangement. **JP to take forward.** • Links to strategic objectives – JK queried why different terminology had	**Decision:** To Note and approve The CCG Governing Body noted the report. It was agreed that further work was needed and the Governance team would work with	DoN&Q

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
been used. JP advised that this was being looked at. Medicine management strategic objective – JK queried why the impact was so low on the risk elements and questioned why the impact would not remain quite severe. JK advised that she found this on a few of the objectives and questioned who had set the risk tolerances. JP responded that this was the responsibility of the Directorate Leads. JK advised that she was not happy as some of them were not quite right. JP advised he would take a look at risk tolerances again. IR advised that there was so much detail, perhaps more fundamentally the question should be whether we were assured that all our strategic risk was included, specifically risk about the failure of our providers, as surely this was a major strategic risk. IR queried whether the Board would be having a specific session to discuss this further. JP advised that we previously had an annual session which was concluded by internal audit. MS advised that further work was required and perhaps this could be addressed as part of the Governing Body Workshop in July. **Action: MSk to ensure appropriate people attend and this would be part of the session.** • Risk Register – JK queried as the risk registers were held in each area, how could the Governing Body be assured the individual risks were not clashing with each other? The Governing Body had no idea what was going on at Director level, which was a problem if there was a trend occurring in lots of Directorates. A reporting mechanism needed to be identified as the Governing Body needed that assurance and JK queried who was setting the risk matrix numbers for that. JP advised that this was a potential danger and one of the key things for discussion outside this meeting. At present there was a Lead in each Directorate, a meeting should be set up to facilitate more communication. • It was queried whether each Directorate looked at each other's Registers. RBY advised that the executive team should look at this and where it went to ensure visibility e.g the F&P Committee. Not all of the risk would relate to quality, but it was important these issues were made visible for members of the Governing body, which would enable the Board to have assurance about the process in place to ensure the CCG were aware of the risk and could be assured that it was managed appropriately. It was agreed that the mechanism should be strengthened. ES advised that some of the risks did not fit well with quality. RBY advised that there was an opportunity to examine this further and suggested that JP and the Governance team work with the Executive Directors and this would be discussed again at the next meeting. It was noted that JK was working with CW and JP regarding a better way to produce the risk register. **Action: To be discussed at an Executive Team meeting and at the next Governing Body meeting.**	the Executive Directors and report back to the next meeting. **MSk** **MSk**	
9.2 Quality Report CN presented the report and advised that it was in a different format and hoped the new format was acceptable to the Board. The new team monitoring key had been added. CN advised that the Board would be aware of the challenges across providers and would be undertaking site visit. The key points from the report were:	**Decision: The CCG Governing Body received and noted the Quality Report.**	DoN&Q

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
• Publication of the NLaG CQC report, lots of details being worked through currently. Quality Summit cancelled for next week. • IP&C audits had been undertaken in care homes and GP practices with positive results. • Restructuring of the CHC team now finalised. Several Development days underway and new senior manager in post. • New performance indicators established for the CHC. • Increase in the number of serious incidents reported by NLaG and RDaSH. • Sharp increase in the number of SI's relating to treatment delays and trolley waits at NLaG. • Increase in the number of SI's reported by RDaSH over the winter period in relation to self-harm. • Two safeguarding referrals in this area had attracted media attention. Training for domestic violence and new reporting tool for reporting domestic violence. Safeguarding Board focusing on neglect, work around preparing for that. • Infection and prevention control performing relatively well. • Flu immunisation rates amongst pregnant women particularly low this year, promotion next year. • PALS contacts reported in Q3 primarily relate to the new transport provider. • EMAS continues to perform below local and national trajectories. • Waiting position at NLaG continues to be of concern. • Diagnostic provision was an area of concern due to ageing equipment and potential overuse. • Vacancy position at NLaG continues to be an area of concern. The members discussed flu vaccinations for pregnant women. Concerns were expressed that midwifes did not appear to understand the importance of pregnant women receiving flu vaccinations. MS advised that national guidance advocated pregnant women should have flu vaccinations regardless of the time of year. TA advised that the vaccine would probably be less effective in the summer, but because of the degree of pandemic flu, it would still be worthwhile for pregnant women to receive it because of the higher risk. TA advised that this was a real issue nationally. TA advised that it would also be interesting to look at the numbers of whooping cough vaccinations carried out by GPs. Serious incidents were discussed and the increase in the number reported by the CCGs providers, affecting NL population, during 2016/17. It was acknowledged that this could be attributed to the increased awareness of incident reporting processes within NLaG and RDaSH. It was acknowledged that increased training and awareness did increase reporting and incidents serious enough to meet the threshold were not being reported previously, for example around treatment delays and trolley waits. CN advised that several challenges had been made to NLaG in terms of their Serious Incident reporting and a lot of these performance breaches met the criteria for an SI. This also indicated a lack of understanding. RBY advised that there had been significant debate with the quality team at the Trust regarding what should and what should not be regarded as an SI. Although it was acknowledged that the culture was changing, it was agreed that there was limited evidence that NLaG were reporting more accurately than previously.		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
As part of the CQC inspection update meeting on 31 March 2017 (prior to the publication of the report on 6 April 2017), the local CQC inspector confirmed that the CQC had been focused on SI reporting. It was noted that the quality of evidence to support declaration of an SI was important. The Trust should collate evidence quickly as it would be of no benefit to expect members of staff to recall what happened days, weeks or months after an incident took place. RJF advised that it was not just the numbers, but it was about the assurances the CCG would receive. The key issue should be, could the SI have been avoided? If we received an increase in the number of reported SI's but there was nothing that could be done, that would be a reassurance for us. The CCG Patient Safety Team continued to provide guidance and support to CCG colleagues and the Trust on the management of SI's. IR advised that he was pleased to hear that the CHC team were looking at key performance indicators. These figures should be compared to others and queried whether we had developed a set of KPI's. It was confirmed that the CHC had two national and a set of internal KPI's which were monitored internally. CN provided a summary of the outcome from the most recent CQC inspection at NLaG. RBY asked the Governing Body to note that following NLaG's CQC inspection results they had been put into special measures again, and safety and leadership improvement around responsibility and effectiveness of services was indicated. However, a "good" category had been awarded for caring within the Trust and Community services and EOL had also been identified as "good" following the inspection. RBY advised that the CCG were part of the revised improvement governance structure recently implemented by NHSI. RS advised that part of the difficultly from the Trust's perspective was the quality of locums and there was a huge variation in quality and cost. However, due to issues such as capacity and being unable to recruit GPs into the area, sometimes the Trust did not have much choice about the quality of locums they had to accept. ES queried what a never event was? MS explained that this was an event which should never occur, for example wrong site surgery or a retained instrument following an operation. RS advised that the National Patient Safety Agency (NPSA) had a core list of Never Events.		
9.3 Corporate Performance Executive Summary IH advised that the A&E position had improved slightly. The mixed accommodation issue position was slightly worse. IH advised that we would not be achieving a quality premium and NLaG would not be achieving theirs either. Item 3 Assessment Framework – most helpful was the square chart at the bottom. This would be looked at in more detail again. There were no specific items to highlight. The Governing Body received and noted the summary.	**Decision:** The Governing Body: Received and noted the Corporate Performance Executive Summary	CFO
9.4 Finance Report: M11 IH advised that the A&E position had improved slightly. The mixed accommodation issue position was slightly worse. IH advised that we would not be achieving a quality premium and NLaG would not be achieving theirs either. Item 3 assessment framework - most helpful square chart at the bottom. This would be looked at in more details again.	**Decision:** The Governing Body: Received and noted the Finance Report: M11	CFO

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The CCG had delivered its objectives. Cash performance had achieved the drawn down amount, creditor payments had been made within 30 days, which was a key measure. With regard to our financial duties the CCG had kept within its management fee and had not exceeding any capital or revenue resources. There was an overall deficit, but this position had not changed since November 2016. RBY praised the extraordinary work of the Chief Financial Officer and his team as landing this was a considerable achievement. The Chair also congratulated the Finance Team on their achievement. The Governing Body were asked to receive and note the Report for Month 11 and update for Month 12. Received and noted.		
9.5 Finance & Performance (F&P) Committee Terms of Reference (ToR) MS advised that these would be discussed at the next formal meeting in June 2017 to allow the Governing Body members to be able to review the document. **Action: MSk to place F&P Committee on June's Agenda.**	**Decision:** Noted. The F&P Committee ToR to be discussed at the Governing Body meeting in June 2017.	CFO
9.6 CCG Audit Group Summary Report IH updated the Board on some of the internal audit work completed in their reports and what the external auditors, KPMG, would be looking at during the year end reporting cycle. In summary, internal audit had performed nine different reports this year; two had limited assurance in relation to prescribing management and Continuing Health Care (CHC). However, Prescribing had moved from limited to an assured position now as a result of management responses to deficiencies. Conflict of interest, work with providers giving us assurance. At the next Audit Committee meeting the overall work would be agreed and would then be submitted to NHSE. KMPG were currently looking at a number of things such as compliance within the accounts and regulation of funding uses. It was queried whether we would get a qualified opinion on NHSE "value for money audit" – we would have the ability to change the control total after the year in agreement with NHSE to prevent an adverse report. IH suspected they might not give an unqualified opinion because of our status due to capped expenditure model we should expect some qualification on value for money. The Governing Body said farewell to Paul Evans, Lay Member Governance and the lead external auditor. The Governing Body would say goodbye to KPMG at the next meeting, as they have been replaced by Mazars for the 2017/2018 external audit.	**Decision:** The Governing Body: Received and noted the summary report.	Chair of Audit
9.7 Joint Commissioning Committee: Summary Report There were no specific items to highlight.	**Decision:** The Governing Body: Received and noted the summary report.	Chair of JCC
9.8 CCG Executive Team Meeting: Summary Report There were no specific items to highlight.	**Decision:** The Governing Body: Received and noted the summary	CO

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	report.	
9.9 CCG Quality Group Minutes There were no specific items to highlight.	**Decision:** The Governing Body: Received and noted the summary report.	DoN&Q
10.0CCG Engine Room – Agenda Item Log: **February 2017 and March 2017** **Noted.** RS queried why these reports were to note. MS advised that there had been a request for the Governing Body to be more transparent in their other meetings and to indicate areas of concern which were being discussed.	**Decision:** The Governing Body: Received and noted the Agenda Item Log for February and March 2017.	Chair
11.0 SUSTAINABILITY & TRANSFORMATION PARTNERSHIP		
11.1 Update: STP Delivery RBY updated the Governing Body about the on-going work in 10 areas which the STP were looking at e.g whether there should be a wholesale redesign approach e.g for the dermatology and ophthalmology services. Work was being undertaken with regard to clinical threshold and pathways to help reduce demand, which was being managed for the six CCGs under the auspices of a Joint Commissioning Committee. Each individual proposal would be discussed at CCG Engine Room meetings or equivalent. There were no questions from the Governing Body regarding this update.	**Decision:** The Governing Body: Received and noted the Humber Coast and Vale STP update.	CO
12.0 PUBLIC QUESTION TIME		
12.1 No members of the public attended this meeting.	**Decision:** Noted.	Chair
13.0 ANY OTHER BUSINESS ***Urgent Items by Prior Notice***		
Budget Report 2017/18 – to be discussed in the private session.	**Decision:** Noted.	Chair
14.0 DATE AND TIME OF NEXT PUBLIC MEETING		
Thursday 8th June 2017 13:30 :16:00 Board Room, Health Place, Brigg	**Decision:** Noted.	Chair