


MEETING:	The 34 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governance Body.	 GOVERNING BODY PUBLIC MEETING
MEETING DATE:	Thursday 10 th August 2017	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (MS)	NLCCG Chair	NHS North Lincolnshire CCG
Liane Langdon (LL)	Chief Officer	NHS North Lincolnshire CCG
Ian Reekie (IR)	CCG Lay Member, Joint Commissioning/Vice CCG Chair	NHS North Lincolnshire CCG
Richard Young (RY)	Director of Commissioning	NHS North Lincolnshire CCG
Ian Holborn (IH)	Chief Finance Officer	NHS North Lincolnshire CCG
Dr Robert Jaggs- Fowler (RJF)	Director of Primary Care/ Medical Director	NHS North Lincolnshire CCG
Catherine Wylie (CW)	Director of Risk & Quality Assurance/Nurse Member	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
Dr Faisal Baig (FB)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Satpal Shekhawat (SS)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Naveen Samuels (NS)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Penny Spring (PS)	Director of Public Health	North Lincolnshire Council
IN ATTENDANCE:		
Martina Skellon (MSk)	Office Manager/PA to CO & Chair/Note taker	NHS North Lincolnshire CCG
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG
Dharminder Khosa (DK)	Interim Director of Delivery	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Richard Shenderey (RS)	Secondary Care Doctor	NHS North Lincolnshire CCG
Dr Salim Modan (SM)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr A Lee (AL)	CCG Member/General Practitioner	NHS North Lincolnshire CCG

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		
<p>The members of public present were welcomed to the meeting.</p> <p>DK advised that he would be working with NL CCG as Interim Director of Delivery until the end of August 2017. DK advised that his remit was to strengthen the Governance and Assurance process to ensure financial recovery.</p> <p>Apologies were noted, as detailed above.</p> <p>It was noted that the meeting was quorate to proceed.</p>	<p>Decision: Noted</p>	<p>Chair</p>

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2.0 DECLARATION OF INTERESTS		
<p>The Chair invited those with any Declarations of Interest, not previously declared, to make them known to the meeting.</p> <p>DK advised that he was a shareholder with the Attain group.</p> <p>There were no other Declarations of Interest.</p>	Decision: Noted	Chair
3.0 MINUTES OF THE MEETINGS HELD ON 8 JUNE 2017		
<p>The Minutes of the meeting on 9 June 2017 were accepted as an accurate record of the last meeting.</p>	Decision: Approved	Chair
4.0 ACTION LOG		
<p>6.0 Practice Champions No update on this action yet. PS will discuss with CN and ask her to contact JK. Action to be closed and removed from the Action Log.</p> <p>8.0 2ww for cancer No update at this meeting. Action to be closed and removed from the Action Log.</p> <p>10.0 Strategic Objectives Workshop JP and ES had met again before the workshop. Action to be closed and removed from the Action Log.</p>	Decision: Noted PS	Chair
5.0 MATTERS ARISING		
<p>There were no matters arising.</p>	Decision: noted	Chair
6.0 FINANCE UPDATE		
<p>The CFO introduced the two reports and advised that the intention had been to create an operating report which would be discussed further at the Finance & Performance (F&P) Group. The CFO summarised the key performance highlights for the end of July.</p> <p>The Vice Chair commented that in his view the report was not fit for purpose. The use of the headline bullet points made the report difficult to understand and interpret. In addition, the graphs were also too small. The Vice Chair requested the CFO rethink the performance aspects of the report for future meetings.</p> <p>The CFO advised that the Finance Report was a more detailed report and summarised the main points. The Vice Chair advised that he had a number of questions.</p> <p>The Vice Chair queried when the Governing Body would approve the budget for 2017/18. The CFO advised that a plan had been submitted, but it had not been officially approved yet. The CCG was currently waiting for confirmation about whether they had been placed in formal Directions and confirmation of the budget plan would depend on this. It would also depend on the NLaG budget plan which was due at the end of September. It was therefore unlikely that the budget for 2017/18 could be confirmed before September 2017.</p> <p>The Vice Chair queried item 2.4 QIPP from the Finance Report. At present</p>	Decision: noted CFO	CFO

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<p>savings were not in Q1 but the table at 2.4 applied to all QIPP savings. The £110k primary care underspend was queried and why the CHC underspend was only £15k. The CFO advised that the CCG was trying to determine the scale of the risk. The reason the phasing was starting to uplift was due to putting in new provenance with groups to provide a step forward opportunity to save. The DoN&Q advised that the CHC budget was extremely complex and the budget was still recovering from last year. She advised however that she would be happy to go through the budget in more detail, if required. The CHC were remaining within budget and expected to achieve nearly £1m in savings, but this had not been reflected yet.</p> <p>The Vice Chair queried how the commissioning team would manage the Spire in order to limit the overspend? The DoC advised that he was in fortnightly conversations with the CFO and the Spire about how this should be managed. Conversations would also take place with GP practices who referred to the Spire to ensure they remained within the financial envelope which had been agreed. The DoC advised that the CCG had been aggressively working to bring this back into line.</p> <p>The Vice Chair questioned the system issue and queried what NLaG had in their plan to get to the systems annual control total of minus £23m and what was left to RTT demand management. The CFO advised that these things were part of the risk share pool and the contract described that. If this was unresolved and the risk crystallised the CCG would assist NLaG with this.</p> <p>The Vice Chair asked the CFO to clarify slide 2.4a QiPP Objective/Risk. Although the £16.21m savings through QIPP and other means equated to £14.765m the risk was only £10.045m. The CFO explained that the plan was for the provider to deliver the full QIPP.</p> <p>Table 2.4a The Vice Chair queried the £279k for the Practice Transformation Fund and whether the Board need to approve this. The CFO advised the CCG did not need to approve this at present. Options to how use it were not for Board approval today, but the CCG would be obtaining some views in the future.</p>		
7.0 CHAIR/CHIEF OFFICER UPDATE		
<p>The CO advised that NL CCG anticipated being put under formal Directions. This had not happened yet, although this was expected. The CCG's financial recovery would be looked at and the CCG was currently working towards a balanced position for the coming year. There would also be work around governance and DK had been drafted in to assist the NL CCG with this.</p> <p>The CO advised that within the STP Humber Coast & Vale patch, NL CCG had been placed in category 4, which was the lowest of the four ratings. This had been due to A&E waiting times, RTT waiting times, 62 wait for cancer, although the CCG were starting to see some improvements in these areas.</p> <p>The CO advised that it had been announced in the Health Service Journal (HSJ) that Emma Latimer, Accountable Officer from Hull CCG would be standing down. The CO stressed that this was not in response to the published ratings but due to the post being available on a substantive basis from September 2017.</p>	<p>Decision: Noted.</p>	<p>Chair</p>

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8.0 IMPROVEMENT & ASSESSMENT FRAMEWORK (IAF)		
The CO advised that the CCG had recently received its Improvement Assurance Framework (IAF) rating and the CCG had been rated as inadequate. This had been anticipated due to the deterioration in the CCG's financial position, which the CCG had been working hard to address.	Decision: Noted.	CO
9.0 PATIENT STORY		
<p>The Patient Story related to the North Lincolnshire Local Safeguarding Children Board (LSCB). The short film was created and produced by North Lincolnshire Council in order to summarise the information provided in the LSCB Annual Review to inform primary school children.</p> <p>The NL LSCB had been set up in April 2006 in order to comply with The Childrens Act 2004. Its purpose was to coordinate and monitor actions undertaken by agencies who worked together to safeguard children, protect them from harm and promote their welfare. The three agreed priorities were to reduce harm from child sexual exploitation, reduce harm from neglect and to Performance Manage and Quality Assure Early Help. The short film was being used by the Local Authority to inform schools and colleges.</p> <p>The Vice Chair queried whether any update was available regarding whether the Boards would continue in their current form. The Chair advised that no update had been received regarding this yet.</p>	Decision: Noted	DoN&Q
10.0 CORPORATE GOVERNANCE & ASSURANCE		
<p>10.1 Assurance Framework, Risk Register and Assurance Framework</p> <p>JP advised that the Strategic Objectives for the CCG were currently being revised. Once approved, these would sit alongside the development of the Strategic Risk Register.</p> <p>Lay Member, Governance suggested that a new risk (system risk) should be added to the Assurance Framework.</p> <p>Board Assurance framework (BAF) JP advised that the BAF was essentially a tool to provide an integrated approach to governance and internal control processes. The draft framework incorporated best practice guidance from the Good Governance Institute and HM Treasury. The framework defined the risk appetite and aligned it to the performance indicators as the foundation stone for moving forwards.</p> <p>The DoN&Q advised that this work was modelled around the strategic objectives. It was acknowledged that this was still a work in progress.</p> <p>The Governing Body were asked to approve the Assurance Framework, Risk Register and Assurance Framework. The Governing Body approved the motion.</p> <p>10.2 Quality Report</p> <p>The DoN&Q advised that the CCG were working with NLaG in conjunction with the System Improvement Board to support, monitor and provide assurance. A raft of work was being undertaken in terms of delayed referrals and outstanding appointments and the CCG were working with NHSI and NHSE in order to</p>	<p>Decision: To note and approve</p> <p>The Governing Body noted and approved the Assurance Framework, Risk Register and Assurance Framework.</p>	DoN&Q

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<p>improve the situation. The focus was on quality to ensure services continued to be safe.</p> <p>Infection Prevention and control – Clostridium Difficile (C.Diff). The Chair queried page 11 of the report in respect of the above. MS advised that maximum number acceptable or threshold should replace the word target. DoN&Q advised that there was a target to remain under, but agreed the wording lacked clarity.</p> <p>NS advised that when she had a RCA meeting her practice had not received any feedback from the CCG following the meeting. The DoN&Q advised that the Infection Control lead had been on long term sick leave, but any recommendations should have been discussed at the meeting The DoN&Q advised that she would pick this up outside the meeting.</p> <p>HM queried the plan for NLaG to concentrate ENT and urology services on just one site and queried how long NLaG had been planning that and whether the public had been consulted or whether this decision had been due to safety concerns. DoN&Q responded that following a report from the CQC, NLaG had been looking at specific services where staffing issues, lack of consultant cover etc meant it might be safer to locate services on one site. MS advised that there had been a big public consultation more than two years ago regarding ENT on one site and the decision had been made then to do this but it had never happened.</p> <p>The CO advised that the decision had only been taken at the end of July and conversations had taken place with groups of service users to try and mitigate any problems e.g transport. At the recent Local Authority Scrutiny and Overview meeting there had been an open invite and the Trust had discussed those plans in the public forum in order to identify and address any detrimental impact for patients using these services. This was a temporary measure on safety grounds and the staffing issues would be looked at in the longer term. The Community & Engagement Plan would look at how the CCG would undertake this to design and deliver these services going forward.</p> <p>HM queried what NLaG's plans were in terms of transport arrangements for patients from Scunthorpe travelling to Grimsby. DoC advised that shuttle buses would be provided between sites. It was emphasised that this related to emergency services for Urology and non-elective treatment for ENT. There would still be a urology and ENT outpatients and day care service on both sites. LL advised that there would be a review in three month's time regarding how the new proposals were working and a full review in six month's time. The review would form the basis of future of the services.</p> <p>10.3 CCG Audit Group Summary Report Chair of Audit/Lay Member Governance drew the Governing Body's attention to the following:</p> <ul style="list-style-type: none"> • It had been observed that front line services that had been subject to IA were all Limited Assurance. Actions to be undertaken to address this. • Hospital mortality risk surrounding patients who had been into 	<p>DoN&Q</p> <p>DoN&Q</p> <p>Decision: the Governing Body noted the CCG Audit Group Summary.</p>	

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<p>hospital before they died was discussed.</p> <ul style="list-style-type: none"> The Audit Committee reviewed its effectiveness at the end of each meeting to identify key issues. MS advised that the Gold Standard Framework (GSF) was still not in place, one practice had completed and the intention was to roll this out to other practices. <p>The report was noted by the Governing Body.</p> <p>10.4 Joint Commissioning Committee: Summary Report</p> <p>SS queried whether a quality assessment on the Market Hill procurement extended hours had been undertaken. This might be easy to deliver, but patients living in Barton for example might find it difficult to access the service. Vice Chair advised public meetings had taken place. The CO advised that the initial step was to make it open access for all to begin with it on the Market Hill site and then identify other locations. The Vice Chair advised that very significant additional resources would be going into this initiative provided by NHSE including providing more GPs. CO advised that different models of access would also be looked at including more telephone work, web based interfaces etc.</p> <p>10.5 CCG Executive Team Meeting: Summary Report</p> <p>The CO advised increased collaborative working across the Humber patch continued. Conversations continued to evolve including how the CCGs might need to change to commission across the Humber patch and draw on staffing and knowledge across all areas.</p> <p>SS queried what was happening with the Broomwell contract. DoC advised that there had been a number of issues including the number of practices not utilising the service and capacity within that service. The CCG had asked SafeCare to undertake the work but the arrangement with them had not been deemed good value for money. There was no successor arrangement yet but as clinical lead SS would be involved with this. It was noted that Broomwell was only a draw down contract. The DoC advised that a more detailed report would be provided to Engine Room on this and this would then return to the Governing Body. The Chair advised that as there was no community provider for this service at present, patients would need to go to NLaG to have these tests performed.</p> <p>10.6 CCG Quality Group Minutes</p> <p>Lay Member Governance queried why minutes were presented from this group and not a summary. It was agreed that in future a summary would be provided from the Quality Group.</p> <p>10.7 CCG Engine Room – Agenda Item Log</p> <p>No comments were received from the Governing Body.</p> <p>10.8 CCG Finance & Performance Group Summary</p> <p>No comments were received from the Governing Body.</p>	<p>Decision: the Governing Body noted the Joint Commissioning Committee Summary Report.</p> <p>Decision: the Governing Body noted the CCG Executive Team Meeting: Summary Report.</p> <p>DoN&Q</p>	

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<p>10.9 CCG Communications and Engagement Group Update Lay Member Patient & Public Involvement advised that the update paper would be forwarded to members following the meeting.</p> <p>Lay Member Patient & Public Involvement advised that the Communication and Engagement Strategy Group had met on 13th July 2017 and it had been a very focused and constructive meeting with clear forward planning. There was also a distinct focus relating to the strategic plan and risk register.</p>	JK	
11.0 LAY MEMBER RESPONSIBILITIES		
<p>The CCG had undertaken a review of the responsibilities of the governing body lay members recognising the changing regulatory environment and CCG governance arrangements.</p> <p>The governing body were asked to consider and agree the proposed allocation of roles to lay members with respect to CCG committees and designated leads and to implement these new responsibilities with effect from 1st September 2017. These responsibilities would be kept under review.</p> <p>This proposal was accepted by the Governing Body. A review would take place towards the end of the financial year. The ToR to be updated to reflect this undertaken by the Head of Governance.</p>	<p>Decision: The Governing Body agreed the proposed allocation of roles to lay members with effect from 1st September 2017.</p> <p>JP</p>	Chair
12.0 SUSTAINABILITY & TRANSFORMATION PARTNERSHIP		
<p>The CO advised that the STP were now moving out of the planning stage and into the operational stage and the CCG was starting to see some impact. Key highlights included aligning policies, ensuring there were no postcode lotteries, aligning commissioning policies across the patch and addressing challenges to MH services for adult admissions. An update received from the locality care group director today had indicated the base line position was some 150 miles for adults in crisis but was optimistic that the number of occasions patients would need to be sent out of the area had dramatically reduced. GP's were starting to put into practice pieces of work, which included prevention work stream work around smoking attitudes and vaping/e-cigs which was helpful with the CCG's health optimisation work for surgical interventions. By the Autumn it was anticipated that the CCG would start to see what the STP was achieving rather than just planning.</p> <p>DoPH queried whether there was a strategy for prevention. The CO advised that a workshop had been planned and the CCG were now moving into that territory and would be testing the proposals. The Strategy had been agreed.</p>	<p>Decision: The Governing Body received and noted the STP Delivery update.</p>	Chair
13.0 PUBLIC QUESTION TIME		
There were no questions from the members of the public who were present at the meeting.	Decision: Noted	Chair
14.0 ANY OTHER BUSINESS		
There was no other business.	Decision: Noted	Chair
15.0 DATE AND TIME OF NEXT MEETING		
Public and Private meeting		
Thursday 12th October 2017 13:30 – 17:00 Board Room, Health Place, Brigg		
Workshop		
Thursday 14 th September 2017 13:30 – 17:00 Board Room, Health Place, Brigg		