


MEETING:	The 35 th Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governance Body.	 GOVERNING BODY PUBLIC MEETING
MEETING DATE:	Thursday 12 th October 2017	
VENUE:	Board Room, Health Place, Brigg	
TIME:	13:30	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Ian Reekie (<i>IR</i>) CHAIR	CCG Lay Member, Joint Commissioning/Vice CCG Chair	NHS North Lincolnshire CCG
Liane Langdon (<i>LL</i>)	Chief Officer	NHS North Lincolnshire CCG
Richard Young (<i>RY</i>)	Director of Commissioning	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
Janice Keilthy (<i>JK</i>)	Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Heather McSharry (<i>HMcS</i>)	Lay Member, Equality & Diversity	NHS North Lincolnshire CCG
Erika Stoddart (<i>ES</i>)	Lay Member, Governance	NHS North Lincolnshire CCG
Dr Faisal Baig (<i>FB</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Neveen Samuel (<i>NS</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Richard Shenderey (<i>RS</i>)	Secondary Care Doctor	NHS North Lincolnshire CCG
Dr Salim Modan (<i>SM</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Andrew Lee (<i>AL</i>)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Penny Spring (<i>PS</i>)	Director of Public Health	North Lincolnshire Council
IN ATTENDANCE:		
Amy Bahl (<i>AB</i>)	Project Officer/PA & Note taker	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	NLCCG Chair	NHS North Lincolnshire CCG
Dr Satpal Shekhawat (<i>SS</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, APOLOGIES AND QUORACY		
<p>IR welcomed all attendees to the thirty fifth meeting 'in public' of North Lincolnshire Clinical Commissioning Group Governing Body.</p> <p>Apologies were noted, as detailed above. Penny Spring was noted to be running late for the meeting.</p> <p>IR informed members of the Governing Body that this would be his last meeting acting as Vice Chair as he was stepping down from that role.</p> <p>It was noted that the meeting was quorate to proceed.</p>	Decision: Noted	Chair
2.0 DECLARATION OF INTERESTS		
The Chair invited those with any Declarations of Interest, not previously	Decision: Noted	Chair

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<p>declared, to make them known to the meeting.</p> <p>RS declared that he had started undertaking private practice work in Bingley, West Yorkshire.</p> <p>NS declared that her practice offers a carpal tunnel service which is discussed within an item on the agenda.</p> <p>There were no other Declarations of Interest declared.</p>		
3.0 MINUTES OF THE MEETINGS HELD ON 8 JUNE 2017		
<p>The Minutes of the meeting on 10th August 2017 were accepted as an accurate record of the last meeting.</p> <p>It was noted that in future Governing Body minutes should be circulated in draft form to all members within 7 days.</p>	<p>Decision: Approved</p> <p>Decision: Agreed.</p>	<p>Chair</p>
4.0 ACTION LOG		
<p>HMcS requested for the action log to state why an item was agreed to be closed, as recollection is not always easy.</p> <p><u>Actions from 10th August 2017:</u></p> <p>6.0 Finance Update An update would be provided in the report today.</p> <p>10.0 Corporate Governance & Assurance The word 'target' had been included again in respect of c difficile. CW will ensure the term 'threshold' will be used in future reports. Action to be closed and removed from the action log.</p> <p>10.0 Corporate Governance & Assurance Feedback from the RCA meetings and recommendations would result from the root cause analysis work. Action to be closed and removed from the action log.</p> <p>10.6 CCG Quality Group Minutes CW confirmed that HMcS was now Chair of the meeting. HMcS informed members of the Governing Body that she will provide a briefing paper in future. Action to be closed and removed from the action log.</p> <p>10.9 Communication & Engagement Group Update The update paper was ready but never made it onto the agenda. JK confirmed it was sent out the following day. Action to be closed and removed from the action log.</p> <p>11.0 Lay Members Responsibilities It was confirmed that the roles had been accepted and had been written into the latest draft of the constitution. The Terms of Reference are in the process of being updated. Action to be closed and removed from the action log.</p>	<p>Decision: Noted</p>	<p>Chair</p>
5.0 MATTERS ARISING		
<p>There were no matters arising.</p>	<p>Decision: noted</p>	<p>Chair</p>

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6.0 FINANCE UPDATE & PERFORMANCE EXECUTIVE SUMMARY		
<p>IH presented the finance update and performance executive summary.</p> <p>Performance update - A further decline in Referral to Treatment Time (RTT) performance at the end of July 2017 to 79% against the 92% target was reported. A further increase in the number of 52 week breached to 35 was also causing concern although a small improvement in cancer waiting time performance to 75% within 62 days was reported.</p> <p>It was confirmed that Accident & Emergency 4 hour waiting time performance continued to improve to 83.5% in July but ambulance response time performance has continued to decline. This has resulted in a discussion with ambulatory care providers about contract challenges on grounds of missing standards.</p> <p>Finance Update - The use of acronym PYM was challenged. IH confirmed this was a typing error and it should read PVM meaning previous month. The Chair asked that the use of acronyms for the Governing Body public reports be limited in future. – this was noted.</p> <p>IH gave an update on the financial position at Month 5 and confirmed there is a £1.3 million variance mainly due to under delivery of some key elements of the QIPP plan. This is due to continuing issues with prescribing and continuing healthcare activity which is witnessing cost pressure</p> <p>The overspend on acute services was queried. It was confirmed that Spire had been accelerating faster than the others, but had slowed in last few months due to some extension of waiting times and reducing referrals - the CCG continues to looking into the contracts with Spire.</p> <p>The level of confidence of getting back on track was queried – specifically relating to the £6.3m risk highlighted to both the board and NHSE. IH confirmed there is some increased risk to Month 4's position; however there are also some things that are describing offsets on some of those risks. Mitigations around contract management have commenced and the CCG have submitted a balanced plan to NHSE as part of the financial recovery plan under Legal Directions</p> <p>There was a discussion surrounding the Spire and the cost of treatments which have the potential to be undertaken in the community at a much lower cost to the CCG.</p> <p>It was confirmed there is work currently underway which are exploring options under the Rightcare initiatives – and particularly the commissioned MSK services which should assist in Orthopaedic and pain management services. There is no definite date for cardiology and that is still under development. RY confirmed that there had superb engagement surrounding the cardiology work, but unfortunately this had now slowed and the CCG are working hard to not lose the momentum.</p> <p>There was a comment raised on the presentation of reporting the forecasts, which could pose confusion. IH will take on board the comments raised. This</p>	<p>Decision: Operations report noted.</p>	<p>CFO</p>


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<p>was related to presentation of variances in a consistent way to enhance understanding of the reports.</p> <p>The aged debt position was discussed. It was highlighted that it had increased materially in terms of percentage, but not significantly in absolute terms IH confirmed there is no concern because the debt is minor and short in outstanding period duration. It is expected this debt position will reverse in November or December.</p> <p>There was a discussion linked to the contract that the CCG have with Broomwell, who undertake some diagnostic interpretations for simple cardiology diagnostics.</p> <p>There were still questions raised as to why the CCG withdrew before there was another viable option in place. RY confirmed that the diagnostics in the community were then being replicated and so there was little benefit going forward. Work needed to be completed around the pathway and that piece of work has not been picked up. CW highlighted that the work around pathways would need to be risk assessed.</p> <p>It was confirmed that some equipment had now gone out to practices and there is better utilisation.</p> <p>Concerns were raised that the CCG are more than 6 months into the financial year and are still not in a position to sign off the 17/18 budget. IH confirmed that the financial recovery plan had been sent to NHS England. The CCG are currently still waiting for feedback. As soon as the feedback is received, it will be brought to the board as soon as possible. The internal plan is being reported to NHSE (£90k surplus for 17/18) and they are recognising this plan in the meantime.</p> <p>Assurance around the mental health parity of esteem was sought. It was confirmed that there is an indication the CCG we are not meeting that circumstances. The papers in the private section will explain how the CCG will recover that.</p> <p>RS highlighted that there appeared to be some narrative missing on some of the recovery plans in the Management information systems. IH will investigate and ensure this is updated for the next meeting.</p>	<p>Decision: Finance report noted.</p>	
7.0 CHAIR/CHIEF OFFICER UPDATE		
<p>It was confirmed that there was increasing focus on winter. A system view has been submitted to the national team for consideration of what the whole system needs. The performance is now running at 90% which is a slight increase and an improvement on recent months. The A&E delivery board is leading this work, chaired by Peter reading of NLaG.</p> <p>Simon Pleydell has joined the system as STP Lead and has committed meeting colleagues within the system and help colleagues to understand what his vision and approach will be.</p>		CO

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<p>There had been a listening event for the Health Matters campaign. It was an open access drop in listening event and regulated in a very informal way. LL confirmed that some very powerful stories were heard and it was a success. JK confirmed that there had been a lot of discussion at the Patient Participation Group about how much members of the public enjoyed that meeting and found it very beneficial. It was confirmed that charity organisations are invited and there is a high level of attendance from them. LL will be doing a session with the voluntary sector at the AGM next week.</p> <p>PS confirmed there is a workplace wellbeing health award which is being continued to be rolled out. The Local Authority is getting more businesses signed up to promote workplace wellbeing and the CCG are looking to become accredited.</p> <p>An initial desktop review has been completed around the remuneration review. There has been conversation with NHS England and the CCG are within the expected range. Next will be a best practice review and this will be brought back during November or December.</p>	<p>Decision: Chief Officer updated noted.</p>	
8.0 CCG DIRECTIONS		
<p>LL confirmed that there had been a progress report made to NHS England on 17th September regarding actions in response to the CCG legal directions.</p> <p>It was highlighted that capacity and capability was focused on how the CCG were managing the QIPP programme. LL confirmed the majority of actions are complete and there had been a significant step made, although there is a little more work to do resulting in an Internal Audit report on the progress made on managing and reporting the QIPP programme. A band 7 role into the finance team had been agreed and passed through the vacancy panel. The intention is for the post to go to the wider system, perhaps on a secondment basis and if not successful, it will be going to advert.</p> <p>The financial recovery plan was due to be submitted on 11th September. A draft was submitted on 2nd October and the CCG received some useful feedback. Thanks were expressed to lay member for their comments and input. NHS England recognised that the CCG were out of sync for NLaG Financial recovery submission which was due in at the end of September. The CCG would need to understand NLaGs financial position, at which point the CCG deadline was extended to 2nd October. The deadline was met and now the CCG are waiting for feedback on that report.</p> <p>The Governance Review is underway. A provider was contracted and commenced work with the CCG on 12th September. A request to defer delivery of the draft report until 22nd October to enable observation and conclusion of stakeholder interviews had been made to NHS England.</p> <p>There has been a change to directions since they were first issued and NHS England has appointed a Turnaround Director. Emma Latimer, Chief Officer at Hull CCG was appointed and joined the CCG on 2nd October. Emma's work will focus on supporting the CCG to exit legal directions Emma will be responsible and reporting to NHS England.</p>	<p>Decision: Noted.</p>	CO

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9.0 PATIENT STORY		
<p>As issues surrounding cardiology were of a hot topic nature, CW felt this real patient story reflected some of the issues NLaG are facing in terms of long waits and communication problems. The patient's name was changed and CW explained the patient story to members of the meeting.</p> <p>Key issues picked up from the patient story were:</p> <ul style="list-style-type: none"> • Communication issues • Lack of administrative support • Lack of professionalism <p>AL confirmed that the particular aspect of the patient being told they would get the intervention within 2-3 weeks is a very common thing. Patients are told verbally or in clinical letters that there is a follow up time but that is not close in reality. It creates a lot of additional distress to a patient when they are given an impression and it is not followed up. There has been separate discussions about the advertised waiting times not being accurate for patients on the GP booking systems. This is something that needs updating and needs to be reflected when communicating to patients about waiting times.</p> <p>NS expressed her concern that there is a continued lack of administrative support within the hospital – perhaps to reduce cost. NS also highlighted that there are big communication issues. She continued to inform members of the meeting that a lot of the work that cardiology undertake within the trust could be done in the community, this is why the service needs should be taken into consideration. The needs of the patient and assessment should be taken into consideration first and foremost.</p> <p>CW confirmed that NLaG still need to keep a basic standard and its how the CCG monitor them with KPIs.</p> <p>FB suggested that communication is being able to make contact and maybe there would be some scope to do some test calls to the provider. This would be to see if they are indeed answering the telephone, which is a big frustration amongst other clinical colleague and not just patient. CW noted the idea and would take that forward.</p>	<p>Decision: The patient story was noted.</p>	DoN&Q
10.0 CORPORATE GOVERNANCE & ASSURANCE		
<p>10.1 Assurance Framework</p> <p>CW presented the assurance framework update and corporate risk register to members of the Governing Body. CW confirmed that the format will be developed in light of feedback, requirements of the CCG and best practice guidance.</p> <p>The roll out of End of Life Gold Standard Framework is continuing. It was confirmed that the gold standard roll out has been signed off and it is on its way. It was highlighted that there should be a target date on this. This needs a revamp to link in with the new strategic objections.</p> <p>There was a brief discussion around the ACP and it was identified that the Governing Body had not had an appropriate update for a while.</p>	<p>Decision: Noted.</p>	DoN&Q

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<p>LL confirmed the outcomes and the detail plans of that will be going to the Governing Body Workshop in November.</p> <p>There was a discussion on GP recruitment. Nothing has been secured yet. However, it was confirmed that there is a real drive from Humber Coast and Vale STP to improve the GP recruitment.</p> <p>JK expressed her concern that she does not feel assured at the moment. CW confirmed that John Pougher had been working with board members and executives. The strategic objectives have taken a very long time. Once the objectives are set we should be able to work on the risk register. It has been agreed that the departmental risk registers will be scrutinised by the other committees of the CCG.</p> <p>Members of the board agreed to note the assurance framework on the basis the board will receive a new and improved model at the next meeting.</p> <p>10.2 CCG Strategic Objectives CW presented the Strategic Objectives to members of the Governing Body. The Governing Body agree for lay members to link in and give that structure of challenge and independence.</p> <p>There was concern raised about whether the objectives would be ready in time before new ones would need to be set. It was confirmed that the strategic objectives will not necessarily change. This is the operational plan to take us forward.</p> <p>The members of the Governing Body recognised the needs which are to take place and the amount of work that has been done on these already.</p> <p>10.3 Quality Report CW presented the Quality Report to members of the Governing Body.</p> <p>There are still concerns on enhanced surveillance. NLaG have received a CQC inadequate report and section 29a instruction. The patient mortality rates have increased since the previous report. The CCG are working with NLaG on improving mortality. CW had spoken with CQC who confirmed they had not lifted the section 29a on inspection. Since the inspection they have deteriorated. CW confirmed the service improvement board; NHS Improvement and NHS England are working with the CCG in terms of the whole system.</p> <p>It was highlighted that there are a number of services that still have concern about staffing. The CCG are not seeing improvement across the board at any pace.</p> <p>A question was raised as to whether referrals for patients to departments where there is concerns should continue.</p> <p>RY confirmed there is no capacity within the wider system to take up the slack if we stop referring into NLaG. There have been some local pockets, so patient choice has helped in identifying some of the issues. The whole system is in</p>	<p>Decision: Noted.</p>	<p>DoN&Q</p>

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<p>difficulty and there is no answer to say we should or should not refer in. There is no better alternative option at the moment. NLaG are working with the CCG on these issues and are amenable to bring other providers onto their premises. It is not progressing quickly but it is ongoing.</p> <p>It was noted that the Safeguarding Children, North Lincolnshire Council Children’s Social Work Services and the Local Safeguarding Children Board had an OFSTED inspection and received an “outstanding” grade.</p> <p>In relation to Infection Control the word target was used again so this will be corrected. However, the current forecast is 41 at the moment. 21 in the system but will keep up to date. There has been no MRSA.</p> <p>In relation to patient experience there is one ombudsmen case relating to an un-assessed period of care within the Continuing Healthcare team. This has been reviewed and the team are reasonably content it was assessed appropriately. There is also an inquest which was into the death of a patient that died last August and the CCG is defending its processes in terms of Continuing Healthcare assessments.</p> <p>Concerns were raised regarding the RAD status. There are significant concerns about the quality, however, no-one has entered the Trust and said this service and the hospital are not safe.</p> <p>Members of the Governing Body agreed to note the report, but expressed concerns about the situation at NLaG. Members of the Governing Body also congratulated the Council Safeguarding teams, supported by the CCG, on achieving the outstanding OFSTED report.</p> <p>10.4 Terms of Reference Quality Group CW confirmed that the Chair had been changed from CW to HMcS.</p> <p>The Governing Body members agreed the amendments made to the Quality Group Terms of Reference.</p> <p>10.5 Safeguarding Annual Report CW presented the Safeguarding and Looked After Children Annual Report for 2016/17 for the committee to note.</p> <p>PS highlighted that it is a very good description but does not have any outcomes in and it is not clear from the report. For future reference it was noted this would be helpful.</p> <p>10.6 Joint Commissioning Committee IR presented the last report from the Joint Commissioning Committee which will be now known as the Primary Care Commissioning Committee.</p> <p>10.7 Executive Team Summary LL presented the Executive Team Summary which highlighted the issues that have recently been considered or are currently being considered by the Executive team.</p>	<p>Decision: Noted.</p> <p>Decision: Agreed.</p> <p>Decision: Report noted.</p> <p>Decision: Joint Commissioning Committee Report noted.</p>	<p>DoN&Q</p> <p>DoN&Q</p> <p>Chair of JCC</p> <p>CO</p>

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<p>It was confirmed that the BCF is now at an agreed version which both parties have now signed off and awaiting formal feedback.</p> <p>10.8 Quality Group Minutes The members of the Governing Body received and noted the Quality Group minutes.</p> <p>10.9 Engine Room Agenda Log The members of the Governing Body received and noted the Engine Room Agenda Log.</p> <p>10.10 Finance & Performance Group Summary JK expressed her frustration that despite a report being ready, albeit late, it had not been circulated in time for the meeting.</p> <p>The Finance and Performance Group were quorate and JK expressed thanks to the GPs for their attendance. There was representation from NHS England and NECS along with the Continuing Healthcare team, which was really helpful. The meeting provided strong and rigorous challenge on all papers, to which the Finance team and the CHC team responded fully and were able to give assurance that their on-going work is resulting in progress being accomplished.</p> <p>The work of the Finance team was acknowledged in producing the Financial Improvement Plan to the tight time schedule for submission.</p> <p>The members of the meeting looked at the full year outturn forecast. The run rate risks were discussed (£6.3m deficit) in the event that various contracts were upheld. The NLaG position was rigorously challenged along with the contract positions.</p> <p>The members of the meeting reviewed the QIPP performance and the tracking and gained some assurance from the NECS and were able to make a contribution and made suggestions of improving the tracking system.</p> <p>The report was noted by members of the Governing Body.</p> <p>It was established that the CCG are looking to invite the regulators to come to the workshop in November. CQC and NSHI they would be able to explain where NLaG are at.</p> <p>AL expressed that there was a shared feeling that the CCG have not been supported in dealing with this by various regulators. The view was expressed in the meeting that if the CCG cannot get an adequate response, what do they do to escalate forward.</p> <p>PS suggested that if this is a system wide solution, then the Local Authority have a key role to play with it too and the Director of Adult Social Care should receive an invite to the meeting.</p>	<p>Decision: Noted.</p> <p>Decision: Noted.</p> <p>Decision: Noted.</p> <p> Chairs report to Board - Oct 17.docx</p> <p>Decision: Noted.</p>	<p>Chair</p> <p>Chair</p> <p>Chair of F&P Group</p>

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<p>10.11 Communication and Engagement Group update JK confirmed that the group did not meet at the scheduled last meeting. It was felt the meeting previously had been a very robust meeting, and a lack of meeting was disappointing</p> <p>The next one is scheduled in and will bring a strong report back next time.</p>	Decision: Noted.	
11.0 SUSTAINABILITY & TRANSFORMATION PARTNERSHIP		
<p>LL gave a brief verbal update on the Sustainability and Transformation Partnership.</p> <p>Conversations continue to develop around the accountable systems for the STP. Humber acute services review are working collaboratively with the two acute providers to address some of the challenge around how services are going to develop to make sure they are available to our population. The Humber footprint is the next level of addressing some of the things we cannot do.</p> <p>Will be delivering some outputs over the next 3 months.</p>	Decision: The Governing Body received and noted the STP Delivery update.	CO
12.0 PUBLIC QUESTION TIME		
There were no questions from the members of the public who were present at the meeting.	Decision: Noted.	Chair
13.0 ANY OTHER BUSINESS		
<p>13.1 HCV STP Policy Harmonisation: Phase One RY presented the report which references a significant amount of work across the STP. This piece of work has been going on for some time. RY confirmed that the good news is it has been taken through the Engine Room and 18 harmonisation opportunities had been agreed.</p> <p>Therefore, the Governing Body are being asked to approve 18 policies and continue to challenge and seek clarification on remaining pathways and commissioning opportunities that have not yet been harmonised</p> <p>Members of the Governing Body agreed to formally approve this harmonisation to the policy over the STP footprint.</p> <p>13.2 Statement of Compliance for NLCCG Emergency Preparedness, Resilience and Response (EPRR) CW presented the EPRR report to members of the Governing Body.</p> <p>Following assessment, the organisation has been self-assessed as demonstrating substantial level of compliance which is normal and improvements have been made.</p> <p>CW confirmed two real exercises were carried out this year which helped to test the systems in place. Personnel have been changed and Gary Johnson is now responsible for risk management and will lead this. CW confirmed there is now an EPRR forum which will look at this more on a quarterly basis. Need to send this off.</p> <p>HMcS suggested this item be put forward at the Health Matters event in November for assurance on how well other providers are doing.</p>	<p>Decision: Noted and approved.</p> <p>Decision: Noted and approved.</p>	DoC

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<p>CW confirmed that NLaG also have to respond to this and last year they had full compliance. Providers have all responded really well in the past.</p> <p>The members of the Governing Body agreed the core standards improvement plan.</p>		
14.0 DATE AND TIME OF NEXT MEETING		
Public and Private meeting		
Thursday 14 th December 2017 13:30 – 17:00 Board Room, Health Place, Brigg		
Workshop		
Thursday 9 th November 2017 13:30 – 17:00 Board Room, Health Place, Brigg		

CONFIDENTIAL