


<b>MEETING:</b>	The 38 <sup>th</sup> Meeting, in Public, of the NHS North Lincolnshire Clinical Commissioning Group Governing Body.	 <b>GOVERNING BODY PUBLIC MEETING</b>
<b>MEETING DATE:</b>	Thursday 12 April 2018	
<b>VENUE:</b>	Boardroom, Health Place, Wrawby Road, Brigg. DN20 8GS	
<b>TIME:</b>	13:30 –14..45	

### MINUTES OF THE MEETING

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Margaret Sanderson	NLCCG Chair	NHS North Lincolnshire CCG
Erika Stoddart	NLCCG Vice Chair Lay Member Governance	NHS North Lincolnshire CCG
Emma Latimer	Chief Officer for Interim Period	NHS North Lincolnshire CCG
Julie Warren	Turnaround Director	NHS North Lincolnshire CCG
Emma Sayner	Chief Finance Officer for Interim Period	NHS North Lincolnshire CCG
Catherine Wylie	Director of Nursing and Quality	NHS North Lincolnshire CCG
Geoff Day	Director of Primary Care	NHS North Lincolnshire CCG
Dr Faisal Baig	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler	Medical Director	NHS North Lincolnshire CCG
Dr Hardik Gandhi	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Salim Modan	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Neveen Samuel	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Satpal Shekhawat	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Richard Shenderey	Secondary Care Doctor	NHS North Lincolnshire CCG
		NHS North Lincolnshire CCG
Heather McSharry	NLCCG Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Penny Spring	Director of Public Health	North Lincolnshire Council
<b>IN ATTENDANCE:</b>		
Sally Andrews	Project Officer/PA To record the minutes of the meeting	NHS North Lincolnshire CCG
John Pougher	NLCCG Head of Governance	NHS North Lincolnshire CCG
Jane Ellerton <i>Rep Richard Young</i>	Head of Strategic Commissioning	NHS North Lincolnshire CCG
<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Janice Keilthy	NLCCG Lay Member Patient & Public Involvement	NHS North Lincolnshire CCG
Richard Young	Director of Commissioning	NHS North Lincolnshire CCG

## **1.0 WELCOME, ANOUNCEMENTS, APOLOGIES AND QUORACY**

### **1.1 WELCOME**

The Chair opened the meeting and welcomed members and attendees to the 38<sup>th</sup> meeting, “in public” of the North Lincolnshire Clinical Commissioning Group Governing Body.

### **1.2 ANNOUNCEMENTS**

#### **Membership of the NL CCG Governing Body**

##### **(i)Chair of NL CCG**

The Chair reminded members that this was her last meeting as Chair of NL CCG and it had been a privilege to serve in that capacity. A successor has been appointed, and, following her retirement on 31 May 2018, Dr Faisal Baig will take up the appointment as Chair of NL CCG with effect from 1 June 2018.

##### **(ii)Dr Hardik Gandhi**

The Chair welcomed Dr Hardik Gandhi to his first Governing Body meeting. Dr Gandhi replaces Dr Andrew Lee whose tenure of office ceased on 31.03.18. The Chair informed the meeting that arrangements are in place to recruit another GP member to the Governing Body.

### **1.3 APOLOGIES FOR ABSENCE**

#### **Agreed outcome:**

<b>(a)</b>	<b>Apologies for Absence were received, approved and noted from: Janice Keilthy – Lay Member, Patient &amp; Public Involvement; and Richard Young – Director of Commissioning</b>
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### **1.4 QUORACY**

The Chair confirmed that the meeting was quorate to proceed.

## **2.0 PATIENT STORY**

The Director of Nursing & Quality introduced the patient story which related to a patient’s experiences of emergency support services in North Lincolnshire. Consent had been given by the patient and family to share the story with the Governing Body.

The story relates to emergency care services provided by East Midlands Ambulance Service (EMAS) NHS Trust, and Lincolnshire Integrated Voluntary Emergency Services provided by North Lincolnshire and their involvement with the patient following a cardiac arrest and CPR administered by the patient’s son.

EMAS provide emergency 999 care and telephone clinical assessment services for a population of 4.8 million people across the East Midlands area. North Lincolnshire falls within the northern point of the EMAS boundary.

Lincolnshire Integrated Voluntary Emergency Services (LIVES) is a voluntary emergency service which responds to complex or traumatic 999 medical emergencies across Lincolnshire. LIVES provide first response support through doctors, nurses and paramedics in local villages and communities.

In conclusion early recognition, CPR and defibrillation are key links in the chain of survival.

A Dr from LIVES stated that they were able to provide three links in the chain of survival but, in this case, their actions meant nothing without the first two links; the

999 call made by the patient's son and CPR which undoubtedly saved the patient's life.

This patient's story is now being shared through St John Ambulance training to inspire people to learn how to save a life through CPR.

**Agreed Outcome:**

(a)	<b>The NL CCG Governing Body noted the Patient Story.</b>
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**3.0 DECLARATIONS OF INTEREST**

In relation to any item on the agenda of the meeting members are reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) Any changes in interest previously declared; or
- (iii) Any financial interest (direct or indirect) on any item on the agenda

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda item number to which the interest relates;
- (iii) the nature of the interest;

**Agreed outcome:**

(a)	<b>No declarations of interest were reported by member of the Governing Body in respect of the agenda items.</b>
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**4.0 GIFTS AND HOSPITALITY**

**Agreed Outcome:**

(a)	<b>No gifts or hospitality declarations were reported by members of the NL CCG Governing Body.</b>
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**5.0 MINUTES OF THE NL CCG GOVERNING BODY MEETING HELD ON 8 FEBRUARY 2018**

The minutes of the NL CCG Governing Body meeting held on 8 February 2018 were submitted for approval:

**Agreed outcomes:**

(a)	<b>The minutes of the meeting held on 8 February 2018 were approved as an accurate record of proceedings subject to the following amendments:</b>  <b>Page 2:</b> <b>1.2 ANNOUNCEMENTS</b> <b>(ii) Dr Andrews Lee to read Dr Andrew Lee.</b>  <b>(iii) Chief Officer for the Interim period</b> <b>To read "The Chair welcomed Emma Sayner...</b>
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	<p>Page 9  <b>10.0 QUALITY &amp; PERFORMANCE</b>  <b>Finance</b>  <b>To read: “the deterioration and the deficit has slowed”</b></p>
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**6.0 ACTION LOG – ACTIONS UPDATE FROM 8 February 2018**

**(i) Quality and Performance**

**Feb 2018 Min 6.0 – Outpatient Review**

The Head of Strategic Commissioning confirmed that Outpatient Review is addressed in the Integrated Report.

**Agreed outcome:**

<b>(a)</b>	<b>Remove from Action log</b>
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**(ii) Feb 2018 Min 6.0 - Long waiting times**

The Head of Strategic Commissioning confirmed that the issue of long waiting times is addressed in the Integrated Report.

**Agreed outcome:**

<b>(a)</b>	<b>Remove from Action log</b>
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**Strategy**

**(iii) Feb 2018 Min 9.1 Strategic Intentions**

The Turnaround Director has agreed with the Communications & Engagement team to set dates for public consultation.

**Agreed outcome:**

<b>(a)</b>	<b>Remove from Action log</b>
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**Quality & Performance Integrated Governance Report (part 1)**

**(iv) Feb 2018 Min 10.1 - Optimise RX**

The Director of Primary Care informed the meeting that wef Monday 16 April 2018 all 19 Practices in North Lincolnshire will be on the Optimise RX system.

**Agreed outcome:**

<b>(a)</b>	<b>Remove from Action log</b>
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**(v) Feb 2018 Min 10.1 – RTT Performance**

The Chief Officer reported that she has spoken to the CEO at NLaG and there will be more detailed reporting on RTT trajectory performance.

**Agreed outcome:**

<b>(a)</b>	<b>Remove from Action log</b>
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**7.0 MATTERS ARISING FROM THE MINUTES OF THE NL CCG GOVERNING BODY MEETING OF 8 February 2018 (NOT COVERED ON THE AGENDA)**

**Agreed outcome:**

<b>(a)</b>	<b>There were no matters arising from the minutes of the NL CCG Governing Body Meeting of 8 February 2018, not already covered by the agenda for today’s meeting.</b>
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**8.0 GOVERNANCE & ASSURANCE**  
**8.1 USE OF CORPORATE SEAL**

**Agreed outcome:**

<b>(a)</b>	<b>The Chair reported there had been no use of the Corporate Seal since the last NL CCG Governing Body meeting.</b>
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**8.2 CHIEF OFFICER'S UPDATE REPORT – MARCH 2018 – APRIL 2018**  
**Changing Faces**

The Chief Officer paid tribute to the Chair who retires at the end of May and welcomed and congratulated Dr Faisal Baig who will take on the role of Chair with effect from 1 June 2018.

The Chief Officer formally welcomed Geoff Day, Director of Primary Care, 3 days per week, wef 1 April 2018 when Dr Robert Jaggs-Fowler stepped down from that element of his role, in preparation for his retirement in August 2018.

**Happy Birthday NHS**

As part of the NHS 70<sup>th</sup> Birthday celebrations, the Chief Officer has been invited to York in July and will take 2 members of staff to accompany her.

**Acute Services Review**

The Chief Officer reported that Phase 1 of the review is now complete and consultation will begin on Phase 2.

**Agreed outcome:**

<b>(a)</b>	<b>The STP Director to be invited to a Governing Body meeting to talk about the Acute Services Review.</b>
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**Rising Star**

The Chief Officer paid tribute to VG, a practice nurse from Kirton Lindsey Surgery, who won the Rising Star award at the Humber Coast and Vale awards in March and went through to the regional finals in York.

**NHS England**

The Chief Officer informed the meeting that she and the Chief Finance Officer have been asked by NHS England to remain at NL CCG for a further year and she is delighted to confirm that they have both accepted the extension and look forward to the year ahead. Members were informed of the plans to recruit a Chief Operating Officer for 5 days per week.

The Chief Officer concluded by thanking the Governing Body for their continued support.

**Agreed outcome:**

<b>(a)</b>	<b>The NL CCG Governing Body noted the Chief Officer's Update.</b>
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(SS arrived at 1.50 pm)

**8.3 APPROVAL OF OPERATIONAL PLAN REFRESH 2018/2019**

The Head of Strategic Commissioning informed members that each CCG is required to submit a refresh of its current two year Operational Plan covering 2018/19 to NHS

England. The final submission date for the Operational Plan refresh, with accompanying finance and activity plans is 30 April 2018. Activity and Finance plans triangulate.

The current draft plan reflects the finance and Activity plans submitted to date. Further clarifications are taking place with NHS England regarding the CCG's activity growth assumptions and will be concluded before the final submission date.

At present, the CCG plan sets trajectories for delivery of the constitutional indicators and a range of other indicators as required by NHS England. Quality premium guidance has not yet been released, so a further paper will be brought to the Committee, in response to the Quality Premium guidance, in due course. Members are asked to liaise directly with the Head of Strategic Commissioning with any queries or questions prior to the submission date of 30 April 2018. It was pointed out that the inclusion of national target information would be useful in order to gauge the progress of NL CCG.

**Agreed outcome:**

<b>(a)</b>	<b>The NL CCG Governing Body noted and approved the Operational Plan Refresh Plan 2018/19.</b>
<b>(b)</b>	<b>The NL CCG Governing Body delegated the approval of the Operational Plan 2018/19, prior to submission, to the Chair of the CCG and the Accountable Officer.</b>

**8.4 STRATEGIC RISK REGISTER**

The Head of Governance referred to the report previously circulated and pointed out that for this version of the Strategic Risk register there is also an accompanying Transitional Risk Register. The Transitional Risk Register focuses on those risks that threaten the achievement of the CCG's ability to meet the legal directions placed upon it by NHS England.

Members discussed the Strategic Risk Register – Risks 1 – 6 and agreed the risk ratings of 20 – 25 are too high as this range signifies a high impact and high likelihood of occurrence. Plans need to be in place stating mitigating circumstances/how the risk will be managed and reduced. Members expect the risk ratings on the Transitional Risk Register to be coming down and expect to see an improvement in the near future.

Members noted that Risk appetite training will be introduced for budget holders and will form the basis for the May Governing Body Workshop where Risk Rating will also be discussed.

**Agreed outcome:**

<b>(a)</b>	<b>Strategic Risk Register – Risk 1 – The Chief Officer is working with Public Health who will provide further narrative.</b>
<b>(b)</b>	<b>Strategic Risk Register – Risk 2 – Members note the high risk will be addressed.</b>
<b>(c)</b>	<b>Strategic Risk Register – Risk 3 – Members note the procurement process has not started. Clinical Lead on Commissioning to look at rewording on both right place/rightcare.</b>
<b>(d)</b>	<b>Strategic Risk Register - Risk 4 – Wording to be changed “to reaching full potential”.</b>
<b>(e)</b>	<b>Strategic Risk Register - Risk 5 – change Script to Optimise RX</b>

(f)	<b>Strategic Risk Register – Risk 6 – DoPC to reword as it is about access by patients,</b>
(g)	<b>Strategic Risk Register – Head of Governance to oversee the rewording of both the Strategic Risk Register and Transitional Risk Register</b>

## 8.5 HEALTH & SAFETY POLICY

The DoN&Q referred members to the Health & Safety Policy previously circulated. The Health & Safety Policy is intended to reflect the views of North Lincolnshire Clinical Commissioning Group (NL CCG) and sets out the Health & Safety Policy Statement, as well as details of the organisation and arrangements that have been implemented, in order for NL CCG to comply with the Health & Safety at Work Act 1974. The Policy is supported by a number of documents that offer guidance about specific Health & Safety issues.

All employees are expected to co-operate with the Health & Safety Policy and ensure they comply with any statutory duties under Health & Safety legislation. Management and staff will work proactively together to ensure that all plans, procedures and systems of work are designed to take full account of health & safety issues. This will include arrangements for a safe place of work, maintenance of equipment, safe handling of substances and articles, the assessment of any risks, and sufficient information, instruction and training for staff to ensure they comply with their individual statutory duties.

The CCG Accountable Officer accepts overall responsibility for health & safety in the CCG, the day to day responsibility for health, safety and welfare is delegated to Directors. They have responsibility for the well-being of all staff, service users and visitors within their respective work areas; In line with the management of Health & Safety at Work Regulations 1999.

### Agreed outcome:

(a)	<b>The NL CCG Governing Body approved the Health &amp; Safety Policy.</b>
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## 8.6 HEALTH & SAFETY GROUP TERMS OF REFERENCE

The DoN&Q referred member to the report previously circulated. The Health & Safety Group Terms of Reference have been approved by the Quality, Performance & Finance Committee.

### Agreed outcome:

(a)	<b>The NL CCG Governing Body approved the Health &amp; Safety Group Terms of Reference.</b>
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## 8.7 FIRE SAFETY POLICY

The DoN&Q referred members to the Fire Safety Policy previously circulated to members. Members were advised that the Fire Safety Policy has been developed in line with National best practice to help ensure NL CCG meets its statutory obligations.

### Agreed outcome:

(a)	<b>The NL CCG Governing Body approved the Fire Safety Policy.</b>
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## 9.0 STRATEGY

### 9.1 6 STRATEGIC PRIORITIES 2018/19 UPDATE

The Turnaround Director referred members to the report previously circulated.

The Governing Body agreed to 6 priorities for 2018/19:-

1. Prevention
2. Out of hospital
3. Acute Commissioning
4. Primary Care
5. Vulnerable People and;
6. Medicines management

Each of these work areas is developing a detailed programme plan with key milestones/ risks and delivery outcomes. These programme plans will be presented to the Governing Body in May 2018. The priorities are all aligned to a committee of the Governing Body and will be reported back there quarterly.

In order to check progress on a monthly basis these will be monitored via the Programme Delivery Board and a suite of documents have been developed to ensure consistent reporting.

#### 2. Programme Delivery Board (PDB)

The PDB had its inaugural meeting on 3 April 2018 to discuss and agree consistent monitoring and reporting. The group was established to oversee the operational delivery of the priorities and to support and challenge where required. (The terms of reference were also circulated to members for information). The PDB reports to the Planning & Commissioning Committee (P&CC) monthly and a highlight report will be prepared showing progress. In order to be able to assess the programmes consistently it has been agreed to develop a single suite of documents to be completed. These will follow the HM Treasury 5 case model and the amount of detail will be dependent upon the size of the programme – small/medium and large. It is proposed that all new schemes prepare a one page business case in the first instance that P&C Committee can discuss and agree. This then instigates the requirement to prepare the more detailed business case which includes key outcomes, milestones, risks and benefits.

#### 3. Conclusions

Each Clinical lead and Exec is developing the detailed programme plans for the May Governing Body workshop. A number of the priority areas are establishing Project Groups including clinical input to develop the plans. Progress is being monitored via the Programme Delivery Board monthly and reported to Planning & Commissioning Committee.

A single approach has been agreed to ensure consistency in reporting.

#### Agreed outcomes:

(a)	The NL CCG Governing Body noted the progress on developing the Strategic Priority Plans.
(b)	The NL CCG Governing Body noted the assurance through the newly established monthly Programme Delivery Board,
(c)	The NL CCG Governing Body approved the standard suite of documents produced to support consistent reporting.



## 9.2 NL CCG COMMITTEE EFFECTIVENESS AND SUB COMMITTEE REVIEW

The Turnaround Director referred members to the report previously circulated.

**CCG Committee Evaluation** - The CCG's external governance review made a number of recommendations concerning internal structures and effective decision making. In response to the recommendations a significant amount of work has been completed including the formation of three new Governing Body Committees: Quality, Performance & Finance (QPF); Planning & Commissioning (P&C) and Executive Team (ET). Whilst the three committees have only recently been formed it was decided to undertake an early review to help ensure that they are fit for purpose and can effectively support the delivery of the CCG's strategic intentions. The committee assessments will be conducted by Internal Audit utilising a (slightly amended) series of questions previously developed to review committee effectiveness at a local CCG. Workshops at the respective committee meetings were held on the following dates:

Executive Team 10<sup>th</sup> April

Planning and Commissioning 19<sup>th</sup> April

Quality, Performance & Finance 5<sup>th</sup> April

The assessment should identify any issues in relation to the committees: remit, membership, conduct of business and any developmental needs in addition to identifying areas of good practice. It is expected that each CCG Governing Body committee will also undertake an annual review of its effectiveness.

### 2 Sub Committee Review

As part of the governance actions a review of CCG sub-committees has also been conducted. As part of this review the CCG Turnaround Director has met with the Heads of Service to consider the current structures. Meetings have also been held with the respective executive officer leads for Planning & Commissioning and Quality, Performance & Finance Committees. The broad remit of the sub-committee review included:-

- (i) Identifying if the sub-committee fulfilled a necessary/statutory function or the work could be mainstreamed and conducted as part of 'day to day' business.
- (ii) Determining if each sub-committee was reporting into the most appropriate committee - given the re-structuring of the CCG Governing Body Committees
- (iii) Identifying if there was an opportunity for one or more committees/functions to be merged
- (iv) Determining if the frequency of meetings was appropriate
- (v) Identifying any opportunity for Sub-Committee meetings to be held consecutively – given the small number of staff.

As a result of the review and feedback received a number of suggestions have been proposed for consideration:-

#### Executive Team

It is suggested that Communications & Engagement and Organisational Development sub-committees could report into the Executive Team

#### Planning & Commissioning Committee

To establish the following new sub-committees:

Programme delivery Board

Procurement Board

#### Quality, Performance & Finance Committee

To establish a Risk & Quality Operational Sub-Committee – this would enable the QPF Committee to focus on strategic work and enable more in depth analysis of key issues;

To establish a formal Safeguarding Group;

The Equality & Inclusion Group to be reviewed by June 2018 with a view to 'mainstream' its work

**Agreed outcomes:**

(a)	The NL CCG Governing Body agree to the Sub Committee structure detailed in Appendix 2 of the report
(b)	The NL CCG Governing Body agree the CCG Committee Review Questions as detailed in Appendix 1 of the report.
(c)	The NL CCG Governing Body approve (i) the establishment of the Programme Delivery Board; and (ii) the Programme Delivery Board Terms of Reference.

**10.0 QUALITY & PERFORMANCE**

**10.1 INTEGRATED GOVERNANCE REPORT (PART 1)**

The Chief Finance Officer referred members to the Integrated Governance Report, (Quality, Performance and Finance – Part 1) previously circulated. NL CCG is in the process of delivering year end accounts and will achieve a deficit of £6.027m, which is slightly under the forecast deficit of £6.3m. The Chief Finance Officer and Director of Nursing & Quality will present the report together. The Integrated Governance report triangulates Quality, Finance and Performance information.

**Finance: Year to Date (YTD) Performance –**

At month 10 the CCG has reported a year to date overspend of £4.739m. This is a deterioration of £1.285m from Month 9 but in line with the forecast outturn for the financial year. The main areas driving this overspend are Prescribing, Continuing Healthcare Services, Specialist Mental Health and Learning Disability Placements.

**Performance and Contracting** - Referral to Treatment times, specifically at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) continue to be significantly under required levels, with no reduction in the number of 52 week breaches.

A&E 4 Hour waiting times at NL&G deteriorated in December 2017, with a significant increase in the number of breaches reported at Scunthorpe hospital and Diana Princess of Wales hospital. Scunthorpe hospital continues to perform better than Diana Princess of Wales hospital, achieving the improvement trajectory of 90% in December 17. However, the overall Trust wide target was not achieved.

NL&G reported improvements in the length of some Cancer waiting times in December 17; all 2 Week and 31 Day pathways achieved the required targets. NL&G also reported improvement in performance against the 62 Day waiting time target, in December 17.

NL&G reported significant decline in performance against the Diagnostic 6 week waiting time target, in December 17, with the reported position reducing from 5.1% to 10.4% against the 1% tolerance level. The majority of these breaches relate to MRI and Endoscopy Services at NL&G, and CT at Hull & East Yorkshire Hospitals NHS Trust (HEY).

Each of the areas described above are closely monitored and managed through the contract governance structures in place for each provider.

**Quality** - Staff recruitment remains a challenge across healthcare service Providers in North Lincolnshire; this remains an area of priority for local health services.

Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) continues to report fragility across a range of services, further compounding the pressure on the local healthcare system.

These pressures largely relate to long waiting times across a range of specialties, with several patients waiting longer than 52 weeks for treatment and challenges within Maternity services, Cardiology services and Ophthalmology services.

These service pressures are further exacerbated by on-going capacity issues.

In addition to the issues described above, the patient mortality rate at NLaG has increased further, the latest official SHMI position at NL&G is 119 (year to June 17) against the national average of 100. NL&G continues to fall within the 'higher than expected' range for patient mortality. Mortality performance is currently NL&G's highest rated risk (25).

In response to these challenges, NLaG has implemented an Improving Together programme to deliver the improvements required to address quality in the organization, with specific work streams in place focusing on long waiting times, staffing, maternity and mortality. The programme has now entered phase two, and good progress has been made to date. The CCG continues to work closely with NLaG to support delivery of the Improving Together Programme.

NLaG has also developed a Single Oversight Framework for Quality; this framework will further support the delivery of quality improvements undertaken by NL&G.

The CCG has identified several areas of concern in relation to local Patient Transport Service, provided by Thames Ambulance Service Limited (TASL). These concerns include non-compliance with TASL's own governance processes, poor quality experience by some service users and lack of compliance with contractual requirements.

In response to these concerns, and in collaboration with NELCCG, the CCG facilitated Quality Assurance Visits in December 2017 and February 2018, to services provided by TASL, provided at Scunthorpe General Hospital. As part of this visit, commissioners identified several areas for further improvement.

The CCG also completed a Quality Risk Profile (QRP) of services provided by TASL in Northern Lincolnshire. The QRP identified increased risk in relation to safety, experience and effectiveness of services provided by TASL. Feedback from the Quality Assurance Visits and the QRP is currently being reviewed by commissioners, as part of the contract management process.

**Agreed outcome:**

(a)	The NL CCG Governing Body received and noted the Integrated Governance Report – Quality, Performance and Finance – Part 1.
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**11.0 GENERAL** – Nothing to report under this heading

**12.0 REPORTS FOR INFORMATION ONLY**

**12.1 CCG PLANNING & COMMISSIONING COMMITTEE SUMMARY REPORT**

**Agreed outcome:**

(a)	The NL CCG Governing Body received and noted the NL CCG Planning & Commissioning Committee Chair's Summary Report following the meeting of 15 March 2018.
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**12.2 CCG INTEGRATED AUDIT & GOVERNANCE COMMITTEE SUMMARY REPORT**  
**Agreed outcome:**

(a)	The NL CCG Governing Body received and noted the NL CCG Integrated Audit & Governance Committee Chair's Summary Report following the meeting of 8 March 2018,
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**12.3 CCG QUALITY, PERFORMANCE & FINANCE COMMITTEE SUMMARY REPORT**  
**Agreed outcome:**

(a)	The NL CCG Governing Body received and noted the NL CCG Quality, Performance and Finance Chair's Summary Report following the meeting of 8 March 2018.
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**12.4 CCG PRIMARY CARE COMMISSIONING COMMITTEE SUMMARY REPORT**  
**Agreed outcome:**

(a)	The NL CCG Governing Body received and noted the NL CCG Primary Care Commissioning Committee Chair's Summary Report following the meeting of 22 February 2018.
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**12.5 NORTH LINCOLNSHIRE COUNCIL HEALTH & WELLBEING BOARD MEETING - MINUTES 8 DECEMBER 2017**  
**Agreed outcome:**

(a)	The NL CCG Governing Body received and noted the minutes of the meeting of the North Lincolnshire Council Health & Wellbeing Board meeting held on 8 December 2017.
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**13.0 PUBLIC QUESTION TIME**

The Chair informed the meeting that 5 questions had been submitted by Mr Ian Reekie, 48 hours in advance of the meeting. The Chair will read the questions and the Chief Finance Officer will respond on behalf of NL CCG.

**Question 1**

- 13.1** "In the context of the failure of the Governing Body ever to formally adopt a definitive CCG budget for 2017/18, can an indication be given as to when it is expected that the Governing Body will be in a position to formally approve a budget for the current financial year?"

**Response to Question 1:**

"CCG Budgets are finalised when the CCG's Financial Plan is signed off by NHS England.

The CCG was able to address NHS England queries on its initial Plan submission, and submitted a revised Financial Plan on 5<sup>th</sup> April.

The CCG is expecting to submit a Final Plan submission (in line with the national deadline) on 30<sup>th</sup> April and upload budgets shortly afterwards.

The Budget Envelopes for 2018/19 are being considered during the private session of this meeting, these will then be used for monitoring purposes during 2018/19 as

reflected within the Integrated Governance report presented to each public meeting of the Governing body”.

### **Question 2**

- 13.2** What assurance can be given that this 2018/19 budget will be fully compliant with the Mental Health Investment Standard which requires funding for commissioning mental health services to be increased in percentage terms at least in line with the uplift in the CCG’s overall financial allocation?

#### **Response to Question 2:**

1. The guidance for “Refreshing NHS Plans” in 2018/19 explicitly indicates that “each and every CCG” will have to meet the Mental Health Investment standard in 2018/19 this is not optional and North Lincolnshire CCG will be compliant.
2. The Draft and Final financial Plan for the CCG will be have forecast expenditure which is compliant for this standard.

### **Question 3**

- 13.3** “Although the Mental Health Investment Standard and the external auditor validation process is set out on page 9 of the draft Operational Plan Refresh considered earlier in the meeting, is it significant that the accompanying text includes no explicit commitment to meeting the standard in 2018/19?”

#### **Response to Question 3:**

“The Short answer is No, for two main reasons:

NHS England have explicitly communicated that they expect all CCGs (including those who are expecting to receive assistance from the Commissioner Sustainability Fund) CCGs to meet all the national Finance Plan Business rules (including the Mental Health Investment standard)”.

When NHS England engages external auditors to verify target performance, there is no precedent to indicate that non-compliance with target delivery will be deemed acceptable”.

### **Question 4**

- 13.4** “As the various draft iterations of the 2017/18 CCG budget seen by the Governing Body failed to comply with the Mental Health Investment Standard, does the projected £1.066m overspend on mental health services now mean that the CCG will achieve the standard by default?”

#### **Response to Question 4:**

The CCG’s Draft Final Accounts for 2017/18 are expected to indicate that the CCG has met the Mental Health Investment standard for the financial year. Given this value is based on actual expenditure where there are overspends on Mental health these will be included.

During 2018/19 and beyond the CCG will be reviewing all expenditure to ensure optimal levels of value for money are delivered including that attributed to Mental Health Services.

### **Question 5**

- 13.5 “In validating compliance with the Mental Health Investment Standard during 2018/19 will the external auditor be expected to use as a baseline figure the CCG’s original 2017/18 mental health budget allocation or the significantly higher actual spend?”

**Response to Question 5:**

“The Mental Health Investment standard is based on a Forecast of 2017/18 Actual expenditure, contained in the Finance Plan for 2018/19. NHS England may take this figure or uplift it to take account of the CCG’s Draft Out-turn for 2017/18. The CCG will explicitly indicate in the latest monthly Finance report for 2018/19, how the Mental Health Investment Standard has been calculated and current year to date performance against this target, once informed of the target value by NHS England”.

At this point a member of the public asked if it was permissible to ask questions from the floor. The Chair agreed to the request but pointed out that members of the public are asked to submit questions in writing 48 hours in advance of the meeting to allow the CCG to ensure the appropriate officer prepares the response.

The member of the public began by stating it was good to see an absence of lap tops during the meeting.

**Question 1**

“Can TASL retender for the business?”

**Response to Question 1**

It was confirmed that TASL can retender when the contract is put out to procurement.

**Question 2**

“If the CCG is forced to look at other providers, will it be kept local?”

**Response to Question 2**

It was confirmed that the proximity of providers would be taken into account when establishing the criteria to be used as part of the tender process.

**14.0 ANY OTHER BUSINESS**

The Chair had one item of business to bring to members’ attention; Mr Ian Reekie, Lay Member for Joint Commissioning whose term of office terminated on 31.03.18. The Chair paid tribute to his hard work and commitment to the CCG during his term of office and on behalf of the Governing Body presented Mr Reekie with a card and gift in recognition of his service.

**15.0 DATE AND TIME OF NEXT MEETING**

**Agreed outcome:**

<b>(a)</b>	The 39 <sup>th</sup> Meeting of the North Lincolnshire Governing Body, <b>Public and Private</b> , will be held on:- <b>Thursday 21 June 2018</b> <b>13:30 – 17:00</b> <b>Board Room, Health Place, Wrawby Road, Brigg</b>
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