


MEETING:	The 40 th Meeting, in Public, of the NHS North Lincolnshire Clinical Commissioning Group Governing Body.	 GOVERNING BODY PUBLIC MEETING
MEETING DATE:	Thursday 9 August 2018	
VENUE:	Boardroom, Health Place, Wrawby Road, Brigg. DN20 8GS	
TIME:	13:30 – 3.30 pm	

MINUTES OF THE MEETING

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Dr Faisal Baig	NLCCG Chair	NHS North Lincolnshire CCG
Erika Stoddart	NLCCG Vice Chair Lay Member Governance	NHS North Lincolnshire CCG
Emma Latimer	Chief Officer	NHS North Lincolnshire CCG
Julie Warren	Interim Chief Operating Officer/Director of Commissioning	NHS North Lincolnshire CCG
Geoff Day	Director of Primary Care	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler	Medical Director	NHS North Lincolnshire CCG
Catherine Wylie	Director of Nursing and Quality	NHS North Lincolnshire CCG
Dr Neveen Samuel	NL CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Salim Modan	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Satpal Shekhawat	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Richard Shenderay	Secondary Care Doctor	NHS North Lincolnshire CCG
Heather McSharry	NLCCG Lay Member Equality & Diversity	NHS North Lincolnshire CCG
Janice Keilthy	NLCCG Lay Member Patient & Public Involvement	NHS North Lincolnshire CCG
Penny Spring	Director of Public Health	North Lincolnshire Council
IN ATTENDANCE:		
Sally Andrews	Project Officer/PA To record the minutes of the meeting	NHS North Lincolnshire CCG
John Pougher	Head of Governance	NHS North Lincolnshire CCG
APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Emma Sayner	Chief Finance Officer	NHS North Lincolnshire CCG
Dr Hardik Gandhi	NLCCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Gary Armstrong	NLCCG Member/General Practitioner	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 40th meeting, “in public” of the North Lincolnshire Clinical Commissioning Group Governing Body.

1.2 ANNOUNCEMENTS

- (i) **Retirement of Dr Robert Jaggs-Fowler – Medical Director, and**
- (ii) **Catherine Wylie – Director of Nursing and Quality**

The Chair informed the meeting that this would be the last NL CCG Governing Body meeting for Dr Robert Jaggs-Fowler, Medical Director and Catherine Wylie, Director of Nursing & Quality, both of whom retire at the end of August.

On behalf of NL CCG, the Chair thanked them both for their years of service, commitment and contribution to NL CCG and the wider community. The Chair invited Dr Robert Jaggs-Fowler and Catherine Wylie to say a few words.

Dr Robert Jaggs-Fowler thanked the Chair and responded by saying it had been a privilege, over the years, to work with such a good team of well-meaning people. During which there had been many challenges; he was sorry not to be staying to be part of, what is proving to be, an exceptional team. The new team has good leadership with clear values and he wished them well moving forward.

Catherine Wylie wished to reiterate what Dr Robert Jaggs-Fowler had said. She too had enjoyed her journey at NL CCG, including the many changes and struggles encountered. Moving forward she hoped that Nursing & Quality will continue to develop and improve building upon the foundations already laid. She stated that the leadership team around the table now is superb and would have loved to remain to work with them. She concluded by wishing them well moving forward.

The Chief Officer thanked Dr Robert Jaggs-Fowler and Catherine Wylie for their support to her since her arrival. As well as echoing the Chair's tribute to them she said she had huge respect for them both and assured them that NL CCG will continue to strive to provide the best for the community.

The Chair led a round of applause in appreciation of their outstanding service to NL CCG.

iii) Appointment of Associate Medical Director

The Chair informed the meeting that Dr Satpal Shekhawat has been appointed to the role of Associate Medical Director with effect from September 2018. The Chair invited Dr Shekhawat to say a few words.

Dr Shekhawat stated that he was delighted to have been appointed to the role of Associate Medical Director and he intends to carry forward and build upon the good work of Dr Robert Jaggs-Fowler.

iv) Appointment of Chief Operating Officer

The Chief Officer informed the meeting that Alexandra Seale from ER CCG has been appointed to the role of Chief Operating Officer with effect from 5 November 2018. Julie Warren will continue in the role of Interim Chief Operating Officer/Director of Commissioning until the end of October 2018.

1.3 APOLOGIES FOR ABSENCE

Apologies for absence were received, approved and noted from:

Emma Sayner – Chief Finance Officer
Dr Hardik Gandhi – NL CCG Member/General Practitioner

1.4 QUORACY

The Chair confirmed that the meeting was quorate to proceed.

2.0 PATIENT STORY

The Director of Nursing and Quality introduced the Patient Story about a patient's experiences of Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services. The patient has given full consent to share their story with the Governing Body.

The story relates to a gentleman who is 19 years old and lives in North Lincolnshire with his mother and father. He is receiving care from Adult Mental Health Services, provided by Rotherham Doncaster and South Humber (RDaSH) NHS Foundation Trust in North Lincolnshire. RDaSH operates services in 200 locations across Rotherham, Doncaster, North Lincolnshire and North-East Lincolnshire. RDaSH employ over 3,700 staff and have more than 200 committed volunteers.

When the patient was 4 years old, he was diagnosed with autism and attention deficit hyperactivity disorder (ADHD). During his childhood and adolescent years, the patient successfully managed his condition through medication.

Aged 17, the patient enrolled on a college course in his local town where he enjoyed being as he started to engage with new people and grow in confidence.

However, he began to fall behind with his college work and struggled to keep up with the demands that student life placed upon him. He found it increasingly difficult to balance his mental health needs with the pressures of his college course.

Whilst at college he started to experience increased anxiety, depression and panic attacks, resulting in the patient experiencing a breakdown.

During this period, two of the patient's friends passed away and his family experienced several bereavements; this further compounded the depression and anxiety that the patient was experiencing at that time.

In response to his declining health, the patient's family and staff at his college supported him in accessing the local Child and Adolescent Mental Health Services (CAMHS). The college mental health support team also provided invaluable guidance and support throughout this process, to help him manage his anxiety.

With the support of his family, college staff and CAMHS staff, the patient progressed with his studies. The situation improved and the patient was discharged from CAMHS as no further needs were identified.

After a while the patient started to experience more panic attacks and his anxiety and depression returned. By this stage, he was not able to access CAMHS as he was 19 years old and no longer met the eligibility criteria. The patient sought support from the Adult Crisis Mental Health Service in North Lincolnshire.

The patient found it very difficult to navigate access routes to the local adult mental health services. After several attempts to identify local support services, he was eventually directed to the appropriate service via the Suicide support hotline.

This was a particularly difficult time for the patient and for those closest to him.

On the advice of the Suicide support team, the patient returned to his GP to formally request a referral to Adult Mental Health Services. He was informed that the waiting list for this service was long but he agreed to be added to the waiting list as there didn't appear to be many other options available to him at that time.

Whilst on the waiting list the patient didn't access any local mental health services, as he did not know how to access a suitable service and he started to lose faith in the local health system.

At this point, the patient discovered the contact details for the Scunthorpe branch of Mind. The team at Mind provided the patient and his family with invaluable support and guidance at a very difficult time in their lives.

The patient has now accessed Adult Mental Health services at Great Oaks and he is very pleased with the services provided. However, the long waiting time and the confusion caused by the access route to this service created further anxiety and concern to the patient and his family.

This patient's experience demonstrates that North Lincolnshire patients may experience increased anxiety due to long waiting times and lack of clear access routes to local crisis mental health services. This case demonstrates that local third sector organisations, such as Mind North Lincolnshire, offer invaluable support to patients waiting for NHS mental health services.

The Director of Nursing & Quality informed the meeting that lessons learnt from this patient's experience have resulted in the CCG working closely with RDaSH to undertake a comprehensive review of Mental Health Access/Crisis services provided in North Lincolnshire. The review will focus on the entire pathway for the crisis service, to ensure that the service meets the needs of the local population.

Members discussed how easy it could be for a patient to fall through gaps during the transition from the children's to adult mental health services without good systems in place. Something to be borne in mind when reviewing the Mental Health Access/Crisis services in North Lincolnshire. The Interim Chief Operating Officer informed the meeting that a large amount of money is going into schools' for low level intervention and the criteria for young people to be extended to 25 years. The Vice-chair informed the meeting that Ongo are funding a 0.5 WTE RDaSH employee to work specifically with tenants with mental health issues, this has proven to be both beneficial and invaluable. Dr Shekhawat had recently attended a digital solutions meeting at which an app was demonstrated where information was shared between organisations, could this be explored to allow CAMHS, Adult Mental Health Service and RDaSH to share the facility? The importance of the voluntary sectors involvement and a wraparound service was also discussed and agreed.

Agreed Outcome:

(a)	The NL CCG Governing Body noted the Patient Story.
(b)	Action: Specifications to be looked at and brought to a future meeting.

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 outcomes:

(a)	Item 8.4 All GPs present are members of the Safecare Federation. The Chair advised that no specific action needed to be taken.
(b)	Item 9.1 The Chair declared an interest as a GP working on the Out of Hours (GP OOH) service for Core Care Links in relation to discussing OOH performance.

4.0 GIFTS AND HOSPITALITY DECLARATIONS

Members were asked to state any Gifts and/or Hospitality received since the last Governing Body Meeting held on 21 June 2018.

Agreed Outcome:

(a)	There were no gifts or hospitality declarations reported by members of the NL CCG Governing Body.
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5.0 MINUTES OF THE NL CCG GOVERNING BODY MEETING HELD ON 21 June 2019.

The minutes of the NL CCG Governing Body meeting held on 21 June 2018 were submitted for approval:

Agreed outcomes:

(a)	Action: Subject to the amendment of page 15, 12.6, within the title to read Mortality instead of morality; the minutes of the meeting held on 21 June 2018 were approved as an accurate record of proceedings.
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6.0 ACTION LOG – ACTIONS UPDATE FROM 21 June 2018

**(i) Acute Services Review
12 April 2018 – Minute 8.2**

Agreed outcome:

(a)	Action: Chris O’Neil to attend the October Governing Body meeting to talk about Acute Services Review.
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**(ii) NL CCG Safeguarding Adults & Children Annual Report
21 June 2018 – Minute 8.5**

Agreed outcome:

(a)	The DoN&Q confirmed that Safeguarding leadership roles contained in the report are being updated along with staff/lay members’ dates of appointment and tenure of office. Action - close and remove from the log
(b)	The Lay member – Equality & Inclusion confirmed that she has met with the Designated Nurse - Safeguarding. Action - close and remove from

	the log.
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**(iii) NL CCG Financial Control, Planning and Self Governance questionnaire
21 June 2018 – Minute 8.7**

Agreed outcome:

(a)	It was confirmed that the document was signed and submitted. Action - close and remove from the log.
(b)	It was noted that the second quarter submission is due the day before the next Governing Body meeting on 10 October 2018.

**(iv) Integrated Quality, Finance and Performance Report
**Relaxation of GP visas
21 June 2018 – Minute 9.2**

Agreed outcome:

(a)	(i)The Chair informed the meeting that he has contacted the Chair of NLaG, who confirmed that they have received positive news about recruiting Doctors from abroad. Action - close and remove from the log.
	(ii)The Chair confirmed that he had offered the Chair of NLaG, NL CCG’s full support in this area should it be required. Action - close and remove from the log.

*****Members discussed the requirements for a Tier 2 GP visa, i.e. the application process requires a GP practice to sign the application and currently there is only 1 eligible practice.
Members were informed that Core Care Links is working with NHSE to assist in this regard.***

**(v) Integrated Quality, Finance and Performance Report
The lack of bowel screening data in the report
21 June 2018 – Minute 9.2**

The DoPC informed the meeting that there is a memorandum of understanding (MOU) between NHSE and Public Health that the data is only shared for management purposes and should not be in the public domain.

Members discussed ways they could use this data i.e. by indicating NL CCG’s position as being on a par with, or above, or below other CCGs nationally. Members felt this type of information should be in the public domain.

Agreed outcome:

(a)	Action: The Director of Public Health to contact NHSE about NL CCG having access to the bowel screening data for inclusion in the Integrated Quality, Finance and Performance report. The Director of Public Health to report back to the next Governing Body meeting.
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**(vi) Strategy – Programme Briefs
21 June 2018 – Minute 10.1**

Agreed outcome:

(a)	The Interim Chief Operating Officer confirmed that the Executive Sponsor
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	section had been updated. Action - close and remove from the log.
(b)	The Interim Chief Operating Officer confirmed that the recommendations relating QIPP details, RAG rating and presentation style will be taken on board for future reports. Action - close and remove from the log.

(vii) Public Question Time
21 June 2018 – Minute 13.0

Agreed outcome:

(a)	The Chair informed the meeting that a written response has been sent about the Ophthalmology question. The question was also raised and discussed the AGM. Action - close and remove from the log.
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7.0 MATTERS ARISING FROM THE MINUTES OF THE NL CCG GOVERNING BODY MEETING OF 21 June 2018 (NOT COVERED ON THE AGENDA)

Agreed outcome:

(a)	There were no matters arising from the minutes of the NL CCG Governing Body Meeting of 21 June 2018, not already covered by the agenda.
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8.0 GOVERNANCE & ASSURANCE

8.1 USE OF CORPORATE SEAL

Agreed outcome:

(a)	The Chair reported there had been no use of the Corporate Seal since the last NL CCG Governing Body meeting held on 21 June 2018.
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8.2 CHIEF OFFICER'S UPDATE REPORT – July 2018

The Chief Officer reported that the 3 new members of the NL CCG Communications and Engagement Team were now in post.

NHSE Annual Assessment score

The Chief Officer was delighted to report that the CCG has been rated as “requires improvement” under the NHSE annual assessment scores. This is an improvement from last year when the CCG was judged “inadequate”. NHSE have advised that the CCG will exit formal legal directions on 14 August 2018 but will remain in special measures until 31 March 2019 due to the financial position. This rating shows that the CCG is moving in the right direction with its approach and, moving forward, will continue to focus on strengthening partnerships including a closer working relationship with North Lincolnshire Council. The Chief Officer paid tribute to the immense energy and commitment demonstrated from everybody including staff, GPs, the Governing Body and partners. To celebrate this good piece of news there will be an informal get together for staff on 14 August 2018, from 12 noon – 2 pm in the Boardroom.

NHS Funding settlement 2018 – 2023

The Chief Officer reported that the recently announced NHS funding settlement of an average 3.4% growth over the next 5 years is very positive. New growth funding will give the CCG opportunities to invest over the longer term in areas where the CCG is not doing as well as it should.

Place based Board update.

The Chief Officer reported that she attended the first North Lincolnshire Place Board on 23 July. The Board is led by the Local Authority and chaired by Denise Hyde, Chief Executive, North Lincolnshire Council and includes all the senior public sector leaders from the Police, Fire Service, Voluntary Sector and Ongo. The aim of the board is for all public services to work together on a common agenda for the population to ensure seamless services are commissioned. The North Lincolnshire Place Board next meets in September.

North Lincolnshire CCG AGM

The fifth NL CCG AGM was held on 28 June 2018 at the Angel in Brigg. The event was well attended by GPs, GB members, staff, patients and members of the local community. It was an opportunity for the public to ask lots of questions.

Appointment of new Secretary of State for Health & Social Care

Following a Cabinet reshuffle, the Rt. Hon Matt Hancock has been appointed Secretary of State for Health & Social Care. His previous role was as Secretary of State for Digital, Culture, Media and Sport where he championed the digital transformation of government. In a recent HSJ interview he said that the NHS and the principle of a healthcare system that is free at the point of delivery, is one of this country's greatest achievements. He has promised to listen and learn and champion the hard-working staff who make the NHS what it is today.

NHS 70 year celebrations

As part of the 70th birthday celebrations of the NHS on 5 July 2018, the Chief Officer attended a moving commemoration service at York Minster, on behalf of NL CCG and the Chair attended a commemorative service at Westminster Abbey. Both services were very moving.

NL CCG staff marked the occasion with an informal tea party at Health Place.

Agreed outcome:

(a)	The NL CCG Governing Body received and noted the Chief Officer's Update for July 2018.
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8.3 STRATEGIC AND TRANSITIONAL RISK REGISTER

The Head of Governance referred to the Strategic Risk Register which identifies the risks to the delivery of the CCGs strategic objectives/intentions.

There are two tabs, with the second tab titled transitional risk register. This part of the Strategic 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.

Since the Governing Body reviewed the Strategic Risk Register at the June 2018 meeting, the following key changes have been made, explanations for the changes are contained within the report – (updated actions column/gaps in controls column).

The Governing Body is asked to approve the amendments.

Strategic Tab

Risk ID 1 – Risk score reduced from 16 to 12

Risk ID 2 – Risk description re written risk score remains at 15.

Risk ID 3 - Risk score remains at 15.

Risk ID 4 - Risk score remains at 12.

Risk ID 5 – Risk score remains at 12.

Risk ID 7 - Risk score remains at 12.

Transitional Tab

Risk ID 1 – Risk score reduced from 15 to 9

Risk ID 2 - Risk score reduced from 20 to 16.

Risk ID 3 - Reached its target score recommended for removal

Risk ID 4 – Risk increased 12 to 15 target score has been reduced to 12 from 16.

Risk ID 5 - Risk score remains at 20.

Agreed outcomes:

(a)	Action: The NL CCG Governing Body request that the Head of Governance amend the Transitional Tab, Risk ID 4, Gaps in Assurance column to include a date instead of due course.
(b)	Action: The NL CCG Governing Body approved the recommendations made to the Strategic Risk Register and Transitional Risk Register as detailed above.
(c)	Action; The NL CCG Governing Body does not approve the removal of Risk ID 3 from the Transitional Risk Register. The NL CCG recommended that Risk ID 3 is reported to the Governing Body quarterly.

8.4 COMMUNITY SERVICES – OUT OF HOSPITAL DELIVERY UPDATE

All GPs present are members of the Safecare Federation. The Chair advised that no specific action needed to be taken.

The Interim Chief Operating Officer/Director of Commissioning referred to the report previously circulated. NLCCG Governing Body has been reviewing the community services it commissions from NLaG recently in light of the agreed vision for more services to be delivered out of hospital and closer to people's homes. A decision was taken at the Governing Body workshop held in June 2018 to work with our current providers, in partnership, to shape a new integrated out of hospital model.

The CCG therefore notified the current provider NLaG of the intentions and agreed to review in nine months' time (March 2019). Separate work is ongoing with the Trust to monitor the current contract via the monthly Contract Management Board and several meetings have been held with Directors of the two organisations to outline the work required during this review period.

It was agreed to establish a Transformation Board with all the system leaders represented to develop a strategy to oversee the development of the integrated model of out of hospital provision. Members represent the Council, CCG, NLaG, RDaSH, EMAS, Safecare and the voluntary sector.

The Transformation Board held its inaugural meeting in July to set the scope and define the purpose of the group.

The Transformation Board also approved the establishment of an Out of Hospital Working Group to support the Transformation Programme delivery made up of representatives from all the stakeholders. The Out of Hospital Working Group held its inaugural meeting on 8 August and is made up of representatives from all stakeholders, the Stroke Association and the Alzheimer's Society. A Transformation Plan will be developed over the next month to prioritise the work to be undertaken and establish Task & Finish Groups where necessary. This work will be supported by the Programme Manager. Clinical Leads from the different organisations are represented on both groups. (The Out of Hospital Working

Group has already identified some “quick wins” – i.e. achievable in less than 30 days around RATL and FEAST.)

The Out of Hospital Working Group will next meet on 5 September; the format of the meeting will be a “lock-in” in order to develop a work plan which will be brought back to the Governing Body for Assurance. The Planning and Commissioning Committee and the Quality, Performance and Finance Committee will also receive updates.

Agreed outcomes:

(a)	Action: NL CCG Governing Body approve the establishment of the Transformation Board and its membership.
(b)	Action; NL CCG Governing Body approve the establishment of the Out of Hospital Working Group.
(c)	Action: The NL CCG Governing Body to receive quarterly reports from the Transformation Board and Out of Hospital Working Group.

8.5 AMENDMENTS TO GP MEMBERSHIP OF COMMITTEES

The Interim Chief Operating Officer introduced the report and informed the meeting that a review of GP representation on Committees and clinical leadership roles had been undertaken by the CCG Chair, Executive Officers and GP members. The review of committee membership will free up time for GPs to lead in their designated clinical areas.

(i)Quality, Performance and Finance Committee

GP membership reduced from 3 to 2 and the quoracy to be revised to include ‘one GP or Associate Medical Director to be present.’

Agreed outcome:

(a)	Action: NL CCG Governing Body approved the revised GP representation for the Quality, Performance and Finance Committee wef 01.09.18. The Head of Governance to amend the Terms of Reference.
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(ii)Integrated Audit & Governance Committee

GP membership be removed from the Terms of Reference.

Agreed outcome:

(a)	Action: NL CCG Governing Body approved the revised representation for the Integrated Audit & Governance Committee wef 01.09.18. The Head of Governance to amend the Terms of Reference.
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(iii)Planning & Commissioning Committee

GP membership reduced from 6 to 4.

Agreed outcome:

(a)	Action: NL CCG Governing Body approved the revised GP representation for the Planning and Commissioning Committee wef 01.09.18. The Head of Governance to amend the Terms of Reference.
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(v)Remuneration Committee

GP membership =1, and the CCG Chair to be in attendance.

Agreed outcome:

(a)	Action: NL CCG Governing Body approved the revised representation for the Remuneration Committee wef 01.09.18. The Head of Governance
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The Chair thanked the GPs leaving Committees for their contribution.

9.0 QUALITY, PERFORMANCE AND FINANCE

9.1 INTEGRATED QUALITY, FINANCE AND PERFORMANCE REPORT

Finance (as at 30 June 2018)

The Interim Chief Operating Officer/Director of Commissioning reported that at Month 3, the CCG has reported a Year to Date overspend of £1m which is in line with plan. The main areas driving this overspend are Acute Services, offset by under spends in Mental Health Services and Prescribing.

The Year to Date QIPP achievement at Month 3 was £1,363k against a target of £1,499k.

Forecast Position

At Month 3 the CCG is forecasting a £4m over-spend by 31 March 2019 which is in line with plan. The CCG is working with Deloitte, MIAA part of STP to understand good practice nationally.

Slippage on QIPP schemes at Month 3 is expected to be fully recovered by year end and therefore the CCG continues to forecast full achievement of its annual QIPP plan.

Performance and Contracting

Referral to treatment times (RTT) at Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and Hull and East Yorkshire Hospitals NHS Trust (HEY) continued to fall below required levels in May 2018, and a significant number of patients continue to wait over 52 weeks for an appointment at NLaG. Several specialties are struggling to maintain capacity.

NLaG has developed a recovery plan for 2018/19, this plan will focus on 8 specialties that are considered to be fragile; these specialties are Urology, Cardiology, Respiratory, Neurology, ENT, Colorectal Surgery, Gastroenterology and Ophthalmology. The recovery plan is in place to ensure that the waiting list does not increase and to reduce the number of patients that are waiting in excess of 52 weeks by at least 50%, ideally to eliminate altogether. Ophthalmology and Neurology have recruited new consultants which has slightly improved the RTT.

Remedial actions include the reconfiguration of acute clinics, new Primary Care services, increased activity in community services and review of follow up waiting list.

NLaG did not achieve the national Accident & Emergency (A&E) 4 Hour waiting time target in May 2018, but performance in May 18 was an improvement on the previous month despite an increase in the number of A&E attendances. A&E performance is expected to improve to 90% by August 2018 (DPoW's figures are currently more challenging). The Interim Chief Operating Officer reported that attendance at A&E is now as high as during winter).

Performance against the Cancer 2 week waiting time standard remains strong in NLaG and HEY, but there has been a reduction in performance against both the Cancer 31 Day and Cancer 62 Day waiting time pathways. Work against the cancer improvement trajectory is progressing well, and the CCG continues to work closely with NLaG and HEY to improve this position via the contract management process, with ongoing support provided by the Cancer Network. There has been an increase in Urology referrals, thought to be due to the Stephen Fry campaign, so the backlog for Urology has increased. Members discussed cancer diagnostic capacity, i.e. scanners etc, the STP capital build and the need to submit a capital bid. It is important to maintain the infrastructure. If funding cannot be secured nationally,

another option is to buy/source locally, across the system. Dr Shenderay shared his experience from Secondary Care and urged caution around the use of mobile scanners because of the poor quality of the images produced.

The CCG is working closely with NLaG to monitor and manage the capacity and demand pressures that are currently being reported across the local health system.

Quality

The Director of Nursing and Quality reported that the North Lincolnshire place continues to experience significant challenges in relation to the performance and quality of some local health services.

Northern Lincolnshire and Goole NHS Foundation Trust

These challenges include increased waiting times at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), particularly in relation to outpatient services. Increased waiting times could lead to a risk to the safety and experience of North Lincolnshire patients. In response to these concerns, the CCG continues to work with partners to clinically review patients that have waited a long time for their appointment in order to mitigate any potential risk of harm.

East Midlands Ambulance Service NHS Trust

East Midlands Ambulance Service NHS Trust (EMAS) continues to report significant challenges in achieving national ambulance response time targets, leading to delayed ambulance response times in the North Lincolnshire area. In response to these pressures, Commissioners formally challenged EMAS's performance by serving a notice of concern to EMAS. This notice focuses on some of the prolonged waits that are being observed for all classification of patients, but in particular the prolonged waits for patients under C1 (Life Threatening) and C2 (Emergency) call categories. In response to these concerns, EMAS has developed a recovery plan in collaboration with commissioners that focuses on improving response times across the EMAS footprint to be delivered in 2018/20.

Thames Ambulance Service Limited

Since the previous report, the CCG has identified improvements in the booking process and the response times of the local patient transport services provided by Thames Ambulance Service Limited (TASL). As a result of these improvements, the number of complaints and concerns submitted to the CCG relating to patient transport has reduced significantly. (The CCG is in the process of procurement).

The CCG continues to work collaboratively with partners to drive quality improvement across the North Lincolnshire place via the System Improvement Board, the Northern Lincolnshire Quality Surveillance Group and via the Humber Coast & Vale Strategic Transformation Partnership.

Primary Care Update

The Chair declared an interest as a GP working on the Out of Hours (GP OOH) service for Core Care Links in relation to discussing GP OOH performance.
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North Lincolnshire Primary Care Scorecard

The Interim Chief Operating Officer explained that the aim of the North Lincolnshire Primary Care Scorecard is to flag trends and themes in relation to GP Practice performance against a range of indicators, and to aid commissioners in deciding if there is a need to meet with a GP practice to support plans to improve the position.

The scorecard is in place to facilitate discussion and is not used as a contract monitoring tool.

The latest version of the scorecard uses a RAG rating system to highlight areas that might warrant further discussion with the GP practice. If performance is more than 2 standard deviations away from the CCG average, they will be rated as red in the scorecard.

An amber rating is applied where the indicator is 1 standard deviation above or below the CCG average.

Deviation from the CCG average could represent better than average performance as well as below average performance, depending on the indicator being considered.

The CCG is in the process of capturing soft intelligence around local primary care services to further support and inform development of the scorecard. The scorecard is shared with the Primary Care Quality and Performance Meeting for consideration.

The latest version of the primary care scorecards has not raised any new concerns, the CCG's Primary Care Team is already engaged with The Birches and can confirm that all of the contractual changes are now in place and the new provider is embarking on an improvement process.

The Chair stated that GB were not regularly cited on the local dementia diagnosis rate, and as well a diagnosis improving patient care, we are rated on this percentage through the CCG IAF.

Agreed outcomes:

(a)	Action: NL CCG will continue to work with NLaG and the Chief Executive of EMAS and note the Chief Executive of EMAS' offer to attend a future Governing Body meeting.
(b)	Action: Local Dementia Diagnosis rate to be included in future reports.
(c)	Action: GP OOH National Quality Requirements performance to be included in the report going forward.
(d)	Action; The NL CCG Governing Body approved the Integrated Quality, Performance and Finance Report (July 2018).

10.0 STRATEGY

10.1 IMPROVEMENT ASSESSMENT FRAMEWORK

The Interim Chief Operating Officer referred to the report previously circulated. NHS England publishes Annual Improvement Assessment Framework ratings for all CCGs across the country. The update report to the Governing Body sets out the summary position for North Lincolnshire CCG including areas where there has been improvement but also sets out those indicators for which further significant improvement is required.

The Interim Chief Operating Officer felt it was incredibly reassuring to report that the CCG has increased its overall rating from inadequate in 2016/17 to "requires improvement" in 2017/18. During 2017/18 there has been a significant amount of change for the CCG and specifically from a leadership perspective (clinical and managerial) and yet despite this the CCG has managed to increase its overall position. This has been down to the dedication and hard work of the entire CCG team at all levels and across all disciplines. Included as appendices to the brief

update report were; Appendix A - Letter received from NHS England and Appendix B - CCG Summary Dashboard

The Interim Chief Operating Officer stated that it is important that the CCG celebrate where it is doing well in the commissioning of care for the local population but also to make sure that where it can do better it we identifies those areas; the actions required for making the improvements; and adjust the commissioning/financial plans accordingly.

As the CCG develops and refreshes the Commissioning Strategy for the CCG, the areas for improvement should be incorporated and monitored through the routine reporting mechanisms of the organisation.

Members discussed the CCG summary dashboard, the areas highlighted in red denoting the areas of greatest need. Members would like to see comparative data from other similar CCGs. The Chief Officer confirmed that this is discussed by the Executive team on a monthly basis.

Agreed outcomes:

(a)	Action: The Improvement Assessment Framework to be introduced to the Council of Members, initially via a presentation.
(b)	Action: Comparative data from other CCGs, with same demographic make up to be obtained for comparison purposes.
(c)	Action: The Director of Public Health to bring the Public Health dashboard to the next meeting which covers mandatory services.
(d)	The NL CCG Governing Body noted the overall IAF rating for NL CCG for 2017/2018.
(e)	The NL CCG Governing Body noted the areas identified for improvement and will ensure these are prioritised over the coming year.

10.2 DRAFT COMISSIONING STRATEGY

The Interim Chief Operating Officer introduced the report and informed the meeting that the CCG has been reviewing and developing their Commissioning strategy over the last few months. During which time consideration has been given to:

A review of patient needs using public health intelligence

The emerging Health & Care Plan as part of the work across the STP

Closer working with North Lincolnshire Council

The Humber Acute Services Review (HASR)

Emerging out of hospital integrated model and

Feedback from staff, PCAG and at the AGM

Nationally it is reported that a new Ten Year Strategy for the NHS is due to be published in the autumn 2018 and the Governing Body are recommended to approve the Strategy for 2018/19 and review when new guidance is published.

Members discussed the Strategy and discussed the need for a greater emphasis on research in particular in the area of Primary care. Funding routes were discussed as well as developing links with the Academic Health Science Networks and Universities. Dr GIRDHAM is commissioned by the CCG for research and she currently works across several CCGs predominately involved with acute research, not primary care. It was agreed that primary care research should be given a higher priority in the future

Members agreed this was a good first attempt and the long term strategies from the NHS need be reflected in it when available.

Agreed outcomes:

(a)	Action: Clinical Leads and time scales to be included in the Commissioning Strategy.
(b)	Action: The Commissioning Strategy to be reviewed at the next Governing Body development session.
(c)	Action: The NL CCG Governing Body will review the Commissioning Strategy when the new National guidance is published by the NHS in Autumn 2018.
(d)	Action: NL CCG Governing Body members to virtually feedback any comments to the Interim Chief Operating Officer/Director of Commissioning.
(e)	The NL CCG Governing Body approve the Commissioning Strategy 2018/19.

10.3 ACUTE SERVICES REVIEW

The Interim Chief Operating Officer referred members to the report and explained that the Humber Acute Services Review is being led by the Steering Group which meets monthly, chaired by Moira Dumma, Director of Commissioning Operations at NHS England, Yorkshire and the Humber, with CCG representation from the Chief Officer. Further details about the review are available at [Humber Acute Services Review – Humber, Coast and Vale STP](#)

The stakeholder briefing report provides members with an update on progress with the Humber Acute Services Review following the meeting held on the 1 August. Briefings with OCS Chairs across Humber held in July /August 2018.

To support the review, people are being asked for their views and ideas about the challenges that local health and care organisations are facing and how they can be addressed through this review and other joint working.

An [issues paper](#) been published which sets out more about the challenges, and an [online survey](#) is currently live. The survey will close at **midnight on Sunday 26th August 2018** so that there is time to analyse the results and feed them into the review discussions.

The Interim Chief Operating Officer informed the meeting that Chris O'Neill, Programme Director, Humber Coast and Vale Health and Care Partnership (STP) will attend the October NL CCG Governing Body meeting.

Agreed outcome:

(a)	The NL CCG Governing Body approve the Humber Acute Services Review Update.
(b)	Action: The NL CCG Governing Body note that Chris O'Neill, Programme Director, Humber Coast and Vale Health and Care Partnership (STP) will attend the October NL CCG Governing Body meeting

10.4 GOVERNANCE REVIEW QUARTERLY UPDATE

The Interim Chief Operating Officer referred to the report previously circulated. NHS England issued Directions and special measures to North Lincolnshire CCG in August 2017. The Directions were linked to four themes:

Leadership; Financial position; Governance and Executive appointments

Part of the Directions was the requirement to undertake an external governance review. Jayne Brown of Strategic Solutions Ltd was commissioned and the work was completed in October 2017.

The Governance review took into account the previous external reviews undertaken by Price Waterhouse Cooper (PWC) in March 2017 and Deloitte in April 2017 but did not replicate the work they had done. It had a wider remit to focus on integrated governance, not just on finances. It was both a qualitative and quantitative process focusing on external relationships and internal governance and decision-making.

This led to a number of recommendations to the CCG and NHSE, focusing on the following areas:-

Board Programme Development; Commissioning; Regulators; Culture and Wider partnerships

An Action Plan was developed outlining 16 areas of focus. In December there were 3 areas rated as red, 11 rated as amber and 2 areas Green.

The CCG can now report:- 11 areas are green; 4 areas are amber and no areas remain red.

Most of the actions have progressed but there are still areas outstanding that the CCG needs to continue to monitor. A significant change this quarter is the formation of the Out of Hospital Transformation Board that met in July.

Agreed outcome:

(a)	The NL CCG Governing Body approved the Governance Review Quarterly Action Plan, the interim steps undertaken and the work that has been completed.
(b)	Action: RY's details to be removed from the lead column of the plan.
(c)	Action: The NL CCG Governing Body request that the Governance Review Quarterly Action Plan be brought to the Governing Body for consideration until March 2019 when the situation will be reviewed.

11.0 GENERAL

Nothing presented for consideration under this category.

12.0 REPORTS FOR INFORMATION ONLY

12.1 NL CCG QUALITY, PERFORMANCE AND 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.
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12.2 NL 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.
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13.0 PUBLIC QUESTION TIME

The Chair informed the meeting that 2 questions had been submitted by Mr Ian Reekie, 48 hours in advance of the meeting.

Question 1 – Community Services/Out of Hospital Transformation

The Community Services - Out of Hospital Delivery Update report included on the agenda as item 8.4 states that the working group established to support the delivery of the transformation programme will be made up of representatives from all the stakeholders. The most important stakeholders are the patients who will be in receipt of the transformed services and staff who will be required to deliver them. How will these two stakeholder groupings be represented on the working group?

Response: The Interim Chief Operating Officer stated that some of this had been covered earlier in the meeting when item 8.4 was considered. NLaG propose staff sessions and will provide feedback. The Local Authority have been tasked with finding voluntary sector representatives for the Transformation Board. The Stroke Association and Alzheimers Society will be represented on the Out of Hospital working group.

Question 2 - Northern Lincolnshire and Goole NHS Foundation Trust Revised Contract Plan (two parts)

The summary financial position section of the Integrated Quality, Performance & Finance report included on the agenda as item 9.1 refers to a revised £109m contract plan having been agreed with NLaG, but full year budget figures included in the accompanying tables do not appear to have been adjusted accordingly. Which budget head(s) is it intended to reduce to accommodate this increased commitment to NLaG?

Response: The Interim Chief Operating Officer stated that the revised contract plan of £109m was agreed after the month 3 reporting period had closed. The budget figures for NLaG span a number of lines within the accompanying tables for 9.1 (for example Acute Services, Community Services and Other programme Services) and, therefore, cannot be identified from the information within the report. NL CCG can confirm that should NLaG achieve the revised contract value of £109m this can be funded through existing NLaG budget and reserves. There will be no reduction to budget lines for any other service area.

At the NHSE/NHSI brokered meeting on 13 July between NLaG and its principal commissioners North and North East Lincolnshire CCGs agreed to increase their contract plans by a combined £6.6m based on extremely optimistic projections of the trust's ability to deliver Payment by Results activity levels. However this still left a gap of £7.8m between NLaG's income projections and the spending plans of commissioners. This is clearly a major problem for NLaG but the likely failure of NLaG to achieve its financial control total is also a significant concern for the STP and the whole local health system. What system-wide action is being taken to address this issue?

Response: The Interim Chief Operating Officer confirmed that the STP has established a finance group to oversee this. The group involves NHSE and NHSI; the NL CCG Chief Finance led on this until the end of 2017. It is now led by Lee Bond, Finance Director HEY. It is proposed the group will meet monthly.

The Chair thanked Mr Reekie.

14.0 ANY OTHER BUSINESS

No Items were raised for consideration

15.0 DATE AND TIME OF NEXT MEETING

Agreed outcome:

(a)	The 41st Meeting of the North Lincolnshire Governing Body, Public and Private , will be held on:- Thursday 11 October 2018 13:30 – 17:00 Board Room, Health Place, Wrawby Road, Brigg
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Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
A&E	Accident & Emergency
AGM	Annual General Meeting
CAMHS	Child and Adolescent Mental Health Services
DoPC	Director of Primary Care
DPoW	Diana Princess of Wales Hospital
ENT	Ear, Nose and Throat
EMAS	East Midlands Ambulance Service
FEAST	Frail, Elderly Assessment Support Team
GP OOH	General Practitioner Out of Hours
HASR	Humber Acute Service Review
HEY	Hull and East Yorkshire Hospitals NHS Trust
HSJ	Health Service Journal
MIAA	Mersey Internal Audit Agency
MOU	Memorandum of Understanding
NLaG	Northern Lincolnshire and Goole Foundation Trust
NHSE	National Health Service England
OSC	Overview and Scrutiny Committee
PCAG	Patient and Community Advisory Group
PWC	Price Waterhouse Cooper
QIPP	Quality, Improvement, Productivity and Prevention
RATL	Rapid Assessment Time Limited Service
RDaSH	Rotherham, Doncaster and South Humber
RTT	Referral to Treatment
STP	Sustainability Transformation Programme <i>Henceforth to be known as:-</i>
HaCP	Health and Care Partnership
TASL	Thames Ambulance Service Limited