


<b>MEETING:</b>	12 <sup>th</sup> Meeting in Public of the NHS North Lincolnshire Clinical Commissioning Group Governing Body	  <b>GOVERNING BODY</b>
<b>MEETING DATE:</b>	Thursday 13 February 2014	
<b>VENUE:</b>	Board Room, Health Place, Brigg	
<b>TIME:</b>	13:30	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Margaret Sanderson (MS)	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Allison Cooke (AC)	Chief Officer	NHS North Lincolnshire CCG
Therese Paskell (TP)	Chief Finance Officer & Business Support	NHS North Lincolnshire CCG
Catherine Wylie (CW)	Director of Risk & Quality Assurance/Nurse Member	NHS North Lincolnshire CCG
Dr Andrew Lee (AL) <i>In attendance from Item 6.1.2 (13:50) onwards</i>	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Fergus Macmillan (FM)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (RJF)	CCG Member/General Practitioner/Medical Director	NHS North Lincolnshire CCG
Dr Nick Stewart (NS)	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Dr James Mbugua (JM) <i>In attendance from Item 6.1 (13:40) onwards</i>	CCG Member/General Practitioner	NHS North Lincolnshire CCG
Ian Reekie (IR)	CCG Lay Member, Patient & Public Involvement/Vice CCG Chair	NHS North Lincolnshire CCG
Paul Evans (PE)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Dr Jagrit Shah (JS)	Secondary Care Doctor	NHS North Lincolnshire CCG
<b>IN ATTENDANCE:</b>		
Clare Smith (CS)	PA (Note Taker)	NHS North Lincolnshire CCG
Tim Fielding (TF) <i>In attendance on behalf of Frances Cuning, Director of Public Health</i>	Consultant in Public Health <i>In attendance for all items</i>	North Lincolnshire Council
Jane Ellerton (JE)	Senior Manager; Commissioning <i>In attendance for Items 6.1, 6.2 and 6.3 only</i>	NHS North Lincolnshire CCG
Jenny Briggs (JB)	Northern Lincolnshire Healthy Lives, Healthy Futures Strategic Lead <i>In attendance for Item 6.4 only</i>	North Yorkshire and Humber Commissioning Support Unit
John Pougher (JP)	Assistant Senior Officer; Quality and Assurance <i>In attendance for Items 7.1, 7.6, 7.7 &amp; 7.8 only</i>	NHS North Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Caroline Briggs (CB)	Director of Commissioning	NHS North Lincolnshire CCG
Frances Cuning (FC)	Director of Public Health	North Lincolnshire Council

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>1.0 WELCOME, ANNOUNCEMENTS AND APOLOGIES</b>		
MS welcomed all attendees to the twelfth meeting 'in public' of the Clinical Commissioning Group Governing Body. Apologies were noted, as detailed above.	<b>Decision:</b> Noted	Chair
<b>2.0 DECLARATION OF INTERESTS</b>		
MS invited those with any Declarations of Interest to make them known to the meeting. No declarations were received.	<b>Decision:</b> Noted	Chair
<b>3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 12 DECEMBER 2013</b>		
The minutes were accepted as an accurate record of the meeting.	<b>Decision:</b> Noted	Chair
<b>4.0 ACTION LOG – ACTIONS UPDATE FROM 12 DECEMBER 2013</b>		
<ul style="list-style-type: none"> <li>• <b>Item 7.8: Absence Management Policy</b> <ul style="list-style-type: none"> <li>○ AC advised that an updated copy of the Absence Management Policy had been shared with CCG Governing Body members, for information, as agreed</li> </ul> </li> <li>• <b>Item 8.0: Soundproofing of the Board Room</b> <ul style="list-style-type: none"> <li>○ TP advised that a response was awaited in relation to the Capital Bid that had been submitted in relation to upgrades to the building</li> </ul> </li> <li>• <b>Item 11.0: Attendance at Patient Participation Groups (PPGs) by MPs</b> <ul style="list-style-type: none"> <li>○ MS advised that she had met with the local MPs on 10 January 2014. It was noted that they had attended some PPG meetings and were happy to attend others, if able to do so, when invited</li> </ul> </li> </ul>	<b>Decision:</b> Noted	Chair
<b>5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
Nothing discussed.	<b>Decision:</b> Noted	
<b>6.0 CLINICAL COMMISSIONING</b>		
<b>ITEMS FOR APPROVAL</b>		
<p><b>6.1 CCG Commissioning Plans 2014/2015 – Update</b></p> <p>AC provided a verbal update, advising that the North Lincolnshire CCG were required to lead the production of a 5 year strategic plan for North Lincolnshire, to bring together the plans for the CCG, Northern Lincolnshire and Goole Foundation Trust (NLaGFT), Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) and North Lincolnshire Council. In addition, it must set out a detailed two year operational plan, including finance and activity plans for 2014/2015 and 2015/2016.</p> <p>North Lincolnshire CCG was also required to develop, with North Lincolnshire Council, a plan for the Better Care Fund, signed off by the Health and Wellbeing Board.</p> <p>A first submission, the initial upload of finance, activity and plans for ambitions was required by Friday 14 February 2014.</p> <p>The final submission of the two year operational plan, including finance and activity plans, and a draft 5 year plan, was required to be submitted to NHS England by Friday 4 April 2014. Dialogue between the CCG and the NHS England Area Team will refine these plans, and provide assurance to NHS England that the plan</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the timetable for submission of strategic and operational plans</li> </ul>	CO


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<p>is robust, fits with the NHS England Primary Care Plan and triangulates with provider plans.</p> <p>It was proposed that CCG Governing Body approved the initial submission of ambitions (see Item 6.1.1).</p> <p>There will be a further period of reconciliation of plans following contract sign off, with finance and operational plans for 2014/2015 and 2015/2016, fixed at the submission on 4 April 2014.</p> <p>The submission of the final 5 year plan was required by Friday 20 June 2014, following which the plan will be published on the CCG website.</p> <p><b>6.1.1 Ambitions for Improving Outcomes</b></p> <p>JE presented Item 6.1.1 and the report was taken as 'read'. It was noted that an 'updated' document had been distributed, and added to the internet. CCG Governing Body members were asked to receive and approve the draft initial planning submission for ambitions and quality premiums. Specific areas highlighted/discussed were: -</p> <ul style="list-style-type: none"> <li>• Outcome 3 (<i>page 3</i>) <ul style="list-style-type: none"> <li>○ Final paragraph should read '14/15 has been assumed at 5.39%' and not 539%</li> </ul> </li> <li>• Quality Premium Local Priority (<i>page 4</i>) <ul style="list-style-type: none"> <li>○ Proposed measure; C3.12, Hip Fracture: Timely Surgery</li> <li>○ Patients with a fractured hip should receive surgery on the day of admission or the day after</li> <li>○ This indicator forms part of Domain 3, and aims to improve outcomes associated with timely surgery</li> <li>○ There is no current local performance data available</li> <li>○ The position for Yorkshire and Humber as at February 2014 for Time to Theatre (hours) is as follows; <ul style="list-style-type: none"> <li>▪ Yorkshire &amp; Humber: 16.2</li> <li>▪ National: 22.4</li> <li>▪ It was noted that the local position was below the national average, and suggested good performance across</li> </ul> </li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and approved the draft version of the North Lincolnshire Clinical Commissioning Group Commissioning Plan Ambitions and Quality Premium for 2014/2015 and 2015/2016</li> </ul>	SCM

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<p>Yorkshire and the Humber</p> <ul style="list-style-type: none"> <li>▪ Local position: below 60% at each site</li> <li>▪ National position: 71% in 2012/2013</li> <li>▪ The proposed KPI for acute Trusts is 95% of patients with a hip fracture receive surgery on the day of admission or the day after</li> </ul> <p><b>6.1.2 Draft Financial Plan 2014/2015-2015/2016</b></p> <p>TP presented Item 6.1.2 and the report was taken as 'read'. CCG Governing Body members were asked to approve the draft financial plan, which would be incorporated into a submission to the Area Team on 14 February 2014. Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>• Overall Financial Duties (<i>pages 1 &amp; 2</i>) <ul style="list-style-type: none"> <li>○ The CCG has planned for the required 1% surplus overall in both years, on a recurrent basis (subject to delivery of the QIPP programme and management of other risks for 2015/2016 as well)</li> <li>○ The CCG has a plan to invest 1.5% (£3.086m) of its recurrent allocation, non-recurrently in 2014/15, as well as 1% (£2.085m) to fund the Call to Action Fund. This means that the CCG has 2.5% non-recurrent "headroom" in total for 2014/15, which then falls back down to 2% for 2015/16 (£4.255m). These are held in reserve as earmarked</li> <li>○ The headroom will be used first to support any funding gap needed to maintain existing services, and then to fund QIPP investment as well as non-recurrent spend relating to transformational change. In particular, this means funding support for developing new models of care across a number of providers, but especially NLAG (e.g. re HLHF)</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Approved the draft financial plan for 2014/2015 and 2015/2016</li> </ul>	<p>CFO&amp;BS</p>

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<ul style="list-style-type: none"> <li>○ In addition, the CCG will also draw on the re-admissions penalty (held in reserve) and the Marginal Rates funds to support measures to reduce non elective and avoidable hospital admissions</li> <li>• Demographic Assumptions (<i>page 3</i>)</li> <li>• Financial Uplift Assumptions (<i>page 3</i>)               <ul style="list-style-type: none"> <li>○ The CCG has used 7% for Prescribing and 4% for Continuing Healthcare, taking into account all relevant factors and in agreement with the budget holders, before QIPP</li> <li>○ The nominal increase in the net efficiency factor for non-acute services is slightly larger than for acute services. This is because an allowance has been made to allow acute providers to comply with the recent recommendations of the Francis &amp; Keogh reports</li> <li>○ Query as to whether the inflation was based on ‘price’ or ‘volume’                   <ul style="list-style-type: none"> <li>▪ It was confirmed that the rates were applied by NHS England</li> </ul> </li> <li>○ The impact locally of new Payment by Results (PbR) rules on the CCG contracts (in conjunction with the Specialist Commissioning defund) was still being worked through</li> </ul> </li> <li>• Capital Assumptions (<i>page 4</i>)</li> <li>• Commissioning Intentions (<i>page 4</i>)</li> <li>• Expenditure Assumptions (<i>page 4</i>)</li> <li>• QIPP and Investment Plan (<i>page 5</i>)</li> <li>• Financial Risks and Mitigation Strategies (<i>page 6</i>)</li> <li>• Mental Health               <ul style="list-style-type: none"> <li>○ It was queried whether the mental health budget took into account the rising age in population and the dementia targets                   <ul style="list-style-type: none"> <li>▪ TP advised that she would ensure a reconciliation for</li> </ul> </li> </ul> </li> </ul>		

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<p>mental health was completed</p> <ul style="list-style-type: none"> <li>Continuing Healthcare (<i>pages 2, 3, 7</i>)</li> <li>Discussion regarding the build-up of reserves for 2015/2016, in order to limit financial risk to the CCG (<i>page 7</i>) <ul style="list-style-type: none"> <li>TP advised that the contract negotiations were not concluded, and discussions regarding 2015/2016 had not yet taken place</li> </ul> </li> <li>Risk Mitigation Strategies (<i>page 7</i>) <ul style="list-style-type: none"> <li>Risk sharing with other CCGs in 2014/2015</li> <li>Risk sharing within contracts</li> </ul> </li> <li>Page 2, paragraph 6 <ul style="list-style-type: none"> <li>Query as to whether there was an inaccuracy in the paragraph and a request for the percentages and figures to be checked</li> </ul> </li> </ul> <p>It was confirmed that the draft financial plan would be submitted to the Area Team on 14 February 2014. A draft five year plan would be submitted on 4 April 2014 and the final plans would be submitted on 20 June 2014.</p>		
<p><b>6.2 Better Care Fund Update</b></p> <p>AC presented Item 6.2 and the report was taken as 'read'. The purpose of the report was to update the Governing Body on progress with the development of the Better Care Fund Plan in conjunction with North Lincolnshire Council, and to seek approval to the submission of the first draft to NHS England, following sign-off by the Health and Wellbeing Board, which would meet on 14 February 2014. Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>Vision for health and care services (<i>pages 9 – 21</i>) <ul style="list-style-type: none"> <li>Priorities include: <ul style="list-style-type: none"> <li>7 day working across the system (<i>page 12</i>)</li> <li>Joint care home support teams (safeguarding in placement) (<i>pages 12 &amp; 13</i>)</li> <li>The implementation of the Frail and Elderly Strategy is key to the delivery of the Better Care Plan</li> </ul> </li> </ul> </li> <li>Governance (<i>page 20</i>) <ul style="list-style-type: none"> <li>The governance arrangements have been agreed in broad terms, and will be developed moving forward</li> <li>A Joint Board will be established by 31 March 2014, with equal membership from the CCG and North Lincolnshire Council</li> <li>Terms of Reference for the Joint Board were currently being established</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Noted the requirements and timescales of the plans</li> <li>Noted progress with the development of plans and the implications of creating the fund</li> <li>Considered the proposed governance arrangements</li> <li>Received the first draft planning template, and agreed to the submission of the draft template to NHS England on 14 February 2014, following sign-off by the Health and Wellbeing Board on 14 February 2014, subject to the following: - <ul style="list-style-type: none"> <li>The Joint Board being in place by 31 March 2014</li> <li>£2.8m is to be used for proactive and targeted support, however specific use has</li> </ul> </li> </ul>	CO

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<ul style="list-style-type: none"> <li>○ The Joint Board would be a subcommittee of the CCG Governing Body</li> <li>○ The Board will be accountable for the mobilisation of the agreed plan, and the delivery of the agreed outcomes, performance metrics and finances</li> <li>○ Future governance arrangements to form part of the section 75 agreement would be developed during 2014/2015, to ensure that they can be in place by 2015/2016. These will provide the future governance between the CCG and North Lincolnshire Council, to ensure that the ambitions of the Better Care Fund are achieved, and will include consideration as to whether additional resources are pooled, beyond the minimum mandated requirements. This will also include consideration of hosting and lead arrangements</li> <li>• Risks <ul style="list-style-type: none"> <li>○ Agreement that the risks were considerable at the moment, as highlighted/detailed in Appendix 2 (<i>pages 28 &amp; 29</i>)</li> <li>○ Discussion took place regarding Risk Sharing Agreements</li> <li>○ The impact on the acute sector was discussed <ul style="list-style-type: none"> <li>▪ It was confirmed that the acute sector were represented at the Integrated Working Partnership and had been encouraged to put bids in</li> </ul> </li> <li>○ Agreement that there would be 'shared learning' in taking the Better Care Plan forward</li> </ul> </li> <li>• Resource Implications</li> <li>• The Better Care Fund Task Group were congratulated by Governing Body members on the quality of the document, in the timescales involved</li> </ul>	<p style="text-align: center;">not yet been determined</p>	
<p><b>6.3 Experience Led Commissioning</b></p> <p>JE presented Item 6.3 and the report was taken as 'read'. On 30 January 2014, the CCG Engine Room received an update on Experience Led Commissioning (ELC), and considered proposals in relation to 2014/2015. The report provided Governing Body members with an update on work related to ELC in 2013/2014, and sought ratification of the Engine Room recommendation to the continued use of ELC in 2014/2015. Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>• The level of commitment by partner organisations was queried, as out of the 12 ELC Practitioners that were originally trained in 2012, only 9 remained. It was confirmed that 3 members of staff had been lost for a number of different reasons, throughout a difficult and uncertain period within the NHS</li> <li>• RJF confirmed that the work undertaken as part of the Dementia programme was of high value and useful</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the activity undertaken in 2013/2014</li> <li>• Agreed to continue to use ELC and enter into a further year's licence with Georgina Craig Associates (GCA) for 2014/2015</li> <li>• Agreed to work with partners to train ELC facilitators</li> <li>• Agreed to confirm priority areas for 2014/2015, as part of the finalisation of the strategic and operational plans</li> </ul>	SMC

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ITEMS FOR AWARENESS, NOTING AND RATIFICATION		
<p><b>6.4 Healthy Lives, Healthy Futures Update</b></p> <p>JB provided a Healthy Lives, Healthy Futures update via a PowerPoint presentation.</p>  <p>Item 6.4</p> <p>Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>• A review of health &amp; care services in Northern Lincolnshire – Moving the conversation on (<i>slide 1</i>) <ul style="list-style-type: none"> <li>○ Copies of the booklet were available for members of the public/Governing Body to take</li> </ul> </li> <li>• Vision (<i>slide 2</i>)</li> <li>• Operationalising the vision (<i>slide 3</i>)</li> <li>• Our Key Messages (<i>slide 4</i>)</li> <li>• Our Priorities (<i>slide 5</i>)</li> <li>• Some examples of what we are engaging on (<i>slide 6</i>) <ul style="list-style-type: none"> <li>○ Hyper-acute Stroke Services <ul style="list-style-type: none"> <li>▪ These have already been centralised on the Scunthorpe General Hospital site, as a temporary measure. Patients have already benefitted from this temporary solution</li> </ul> </li> <li>○ Children's Surgery <ul style="list-style-type: none"> <li>▪ Consideration is being given as to whether this service should be delivered from one hospital site, rather than at both</li> </ul> </li> <li>○ Ear, Nose and Throat (ENT) services <ul style="list-style-type: none"> <li>▪ Clinical teams have suggested there will be some benefits to ENT patients if there is one site for inpatients and people requiring care out of normal working hours</li> </ul> </li> <li>○ Access to services <ul style="list-style-type: none"> <li>▪ An integrated transport group has been established to understand what the current issues are, and what may need to be done differently if services are moved</li> </ul> </li> <li>○ No decisions have been made regarding the above</li> </ul> </li> <li>• Delivering the message (<i>slide 7</i>)</li> <li>• Engagement Documentation (<i>slide 8</i>)</li> <li>• Engagement events in North Lincolnshire (<i>slides 9 &amp; 10</i>)</li> <li>• General programme activities so far (<i>slide 11</i>)</li> <li>• Next steps (<i>slide 12</i>)</li> <li>• Timeline (<i>slide 13</i>) <ul style="list-style-type: none"> <li>○ The timelines for the public consultation were discussed</li> <li>○ The tight timescales were noted</li> <li>○ Need to ensure that the Council of Members,</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the Healthy Lives, Healthy Futures Update</li> </ul>	<p>NL HLHF SL</p>



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<p>CCG Governing Body and the Health Scrutiny Panel are fully engaged</p> <ul style="list-style-type: none"> <li>○ Discussion regarding local elections and the consultation period</li> <li>• A query was raised regarding Maternity Services and whether any decisions had been made to centralise on to one site <ul style="list-style-type: none"> <li>○ It was confirmed that no changes would be taking place at this time, but the service may need to be revisited in the future, subject to decisions made regarding other inter-dependent services</li> </ul> </li> <li>• A query was raised regarding the introduction of information points or 'support hubs' or 'health and wellbeing centres' in public areas such as GP clinics or health centres <ul style="list-style-type: none"> <li>○ It was confirmed that this had not been explored in North Lincolnshire to date but was an area for further work</li> </ul> </li> </ul> <p><b><u>Public Question Time regarding Healthy Lives, Healthy Futures</u></b></p> <p><b>Use of the Mobile Library</b> It was suggested that the North Lincolnshire mobile library could be used to distribute the Healthy Lives, Healthy Futures booklets and leaflets to the rural areas of North Lincolnshire.</p> <p><b>Press releases and advertising of the road shows and engagement events</b> It was noted that a number of engagement events had already taken place, although it was queried where they had been advertised. The importance of ensuring press releases and information is shared with the public in a timely manner was stressed.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the comments made by members of the public</li> </ul>	<p>NL HLHF SL</p>
<b>7.0 CORPORATE GOVERNANCE AND ASSURANCE</b>		
<b>ITEMS FOR DISCUSSION AND/OR APPROVAL</b>		
<p><b>7.1 Board Assurance Framework</b> JP presented Item 7.1 and the report was taken as 'read'. The report informed the Governing Body of the highest rated risks identified for North Lincolnshire CCG.</p> <p>It was queried why the Board Assurance Framework (BAF) contained risks that had scores below 15, as in the purpose of the report, it stated that the BAF identified key risks scored at 15 and above, in line with the North Lincolnshire Risk Management Strategy. All other identified risks would be held on the North Lincolnshire Risk Register. JP agreed to liaise further with the Commissioning Support Unit to update</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Approved the Board Assurance Framework and were assured that it gave sufficient evidence that key risks were being managed effectively</li> </ul>	<p>ASO Q&amp;A</p>
<p><b>7.2 Corporate Performance Executive Summary – February 2014</b> TP presented Item 7.2 and the report was taken as 'read'. The report informed CCG Governing Body members on an exception basis of the CCG's corporate performance position. Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>• Cancer 31 Day Waits for Subsequent Waits (<i>page 2</i>)</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the report and were assured that areas of underperformance were</li> </ul>	<p>CFO&amp; BS</p>

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<ul style="list-style-type: none"> <li>• Cancer 62 Day Waits (including 31 Day Rare Cancers) (<i>page 2</i>)</li> <li>• EMAS Category A Ambulance Response Times – 8 Minute Red 1, Red 2 and 19 minute (<i>page 2 and 4</i>)</li> <li>• IAPT % of people moving to recovery (<i>page 2</i>)</li> <li>• Friends and Family response rates (<i>page 3</i>)</li> <li>• MRSA (<i>page 3</i>)</li> <li>• C Difficile (<i>page 3</i>)</li> <li>• A&amp;E Performance at NLaGFT (<i>page 4</i>)               <ul style="list-style-type: none"> <li>○ Performance through January to date was consistently better, the daily position continues to be closely monitored by both Providers and Commissioners</li> </ul> </li> <li>• Outcomes Indicators (<i>page 4</i>)               <ul style="list-style-type: none"> <li>○ Introduction of an ‘Amber’ threshold</li> </ul> </li> </ul>	being addressed at a local level to meet agreed targets and commitments	
<p><b>7.3 Finance Report – Month 9 (December 2013)</b> TP presented Item 7.3 and the report was taken as ‘read’. The report briefed Governing Body members on the finance position and achievement of duties so far for 2013/2014 (as at the end of December). Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>• CCG Summary – Main Finance Target Performance (<i>page 2</i>)               <ul style="list-style-type: none"> <li>○ All ‘green’</li> <li>○ Financial services received from the Commissioning Support Unit are working well</li> </ul> </li> <li>• Overall Month 9 Position (<i>page 3</i>): Achievement of all key financial targets</li> <li>• QIPP (<i>page 3</i>): The in-year savings target is currently being delivered</li> <li>• Continuing Care/Services for Vulnerable People (<i>pages 6 and 7</i>):</li> <li>• The Finance Team were congratulated on the ‘all green’ RAG rating</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the finance report</li> </ul>	CFO&BS
<p><b>7.4 Contract Trading Report – December 2013 - Revised</b> TP presented Item 7.4 and the report was taken as ‘read’. The report detailed the year to date trading position for the CCG for key providers as reported in the December 2013 Contract Monitoring report. It was noted that an ‘updated’ document had been distributed, and added to the internet.</p> <p>The Governing Body was asked to note that the overall overtrade for the key providers as listed on the report was £1,103k, made up of an overtrade of £1,023k (1.2%) for acute providers and an overtrade of £80k (4.5%) for the emergency ambulance provider.</p> <p>The Governing Body was also asked to note that: -</p> <ul style="list-style-type: none"> <li>• The key driver for the acute overtrade is the trading position at Northern Lincolnshire and Goole NHS Foundation Trust (NLaGFT) (£1,354k, 1.9%). The key areas of activity driving the overtrade at this provider are non-elective activity, follow up outpatients, critical</li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Received and noted the Contract Report</li> </ul>	CFO&BS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>care, and drugs and devices and direct access imaging</p> <ul style="list-style-type: none"> <li>• Discussion has started with NLaGFT to agree a financial value of contract challenges for 2013/14 to date. This includes the contract challenge for follow up outpatient ratios.</li> <li>• Discussion is continuing with NLaGFT to transact the 2012/13 contract penalties as set out in the Contract for non-achievement of the C-Difficile and A&amp;E targets and non-achievement of CQUIN targets</li> <li>• CSU is awaiting an explanation from EMAS as to the reasons for the overtrade, which is largely driven by higher than expected attendances on scene and conveyances to hospital from a lower than expected number of calls</li> </ul> <p>It was queried whether future reports could contain figures regarding the length of stay, to link with the Better Care Fund. AL confirmed that he had already shared comments with Tim Fowler regarding the report.</p>	<p><b>Action:</b> Length of Stay figures to be added to the report</p>	<p>CFO&amp; BS</p>
<p><b>7.5 Hard Truths: The Journey to Putting Patients First</b></p> <p>CW presented Item 7.5 and the report was taken as 'read'. The paper provided a brief overview of the full government response to the Mid Staffordshire public enquiry: Hard Truths: The Journey to Putting Patients First.</p> <p>The report identified some of the key points from the report, including a clear requirement that the CCG would provide an initial response to the 290 recommendations, and also determine what it intended to do to implement the relevant recommendations. The CCG will then be required to report on a regular basis, no less than once a year, in a published report on its progress.</p> <p>The proposed method of compliance was as follows: -</p> <ul style="list-style-type: none"> <li>• The Governing Body to note the paper as a briefing paper, for information</li> <li>• The existing Francis 2 action plan would be integrated into the revised, more detailed plan</li> <li>• The detailed plan attached to the report would be progressed and developed</li> <li>• The detailed action plan would be monitored monthly through the Quality Group, with exception reporting to the Engine Room and Governing Body</li> <li>• A formal report would be brought to the Governing Body at least annually. Any risks to compliance would be placed on the risk register</li> </ul> <p>It was noted that the Action Plan would be colour coded. It was agreed that the document should be shared with the wider GP community at a future GP educational/training event.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>• Noted the key actions and implications from the response</li> <li>• Reviewed the document and the detailed action plan, and agreed the CCG response to the recommendations and the method of monitoring</li> </ul> <p><b>Action:</b> To be discussed at a future GP educational/training event</p>	<p>DoR&amp; QA</p> <p>DoR&amp; QA</p>
<p><b>7.6 NHS Constitution</b></p> <p>JP presented Item 7.6 and the report was taken as 'read'. In line with the North Lincolnshire CCG Constitution and national</p>	<p><b>Decision:</b> The CCG Governing Body:</p>	<p>ASO Q&amp;A</p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>guidance, it is a requirement that the CCG asserts support for the NHS Constitution. The report explicitly set out and confirmed the commitment.</p> <p>It was agreed that the report should be distributed to all CCG staff, to ensure all are aware of the policy statement.</p>	<ul style="list-style-type: none"> <li>Noted and approved support for the NHS Constitution, as set out in the paper</li> </ul> <p><b>Action:</b> To be shared with all CCG staff</p>	ASO Q&A
<p><b>7.7 Incident &amp; Accident Reporting Policy</b></p> <p>JP presented Item 7.7 and the report was taken as 'read'. The interim policy met national guidance in relation to the reporting and management of incidents, and would be reviewed further during March 2014, to ensure that it complied with national Information Governance and Information Governance Toolkit requirements. Specific areas highlighted/discussed: -</p> <ul style="list-style-type: none"> <li>It was queried why there was no reference to Trade Union or Health and Safety Representatives in the policy               <ul style="list-style-type: none"> <li>It was confirmed that the Health and Safety Policy would make reference to this, although it was agreed that the policy could detail this</li> </ul> </li> <li>It was noted that the Serious Incident Policy was being revised nationally</li> <li>Discussion regarding reporting issues in primary care and trigger criteria               <ul style="list-style-type: none"> <li>Agreement that there are some incidents that the CCG should be aware of</li> <li>Suggestion to incorporate a simple flow chart to strengthen the primary care aspect</li> </ul> </li> </ul>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Noted and approved the Incident &amp; Accident Reporting Policy, subject to the suggested amendments</li> </ul> <p><b>Action:</b> Incorporate a flow chart</p>	ASO Q&A
<p><b>7.8 Serious Incident Reporting Policy</b></p> <p>JP presented Item 7.8 and the report was taken as 'read'. The interim Serious Incident Policy met national requirements in relation to the management and reporting of serious incidents, and would be reviewed further during March 2014, to ensure that it complied with national Information Governance and Information Governance Toolkit requirements.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Noted and approved the Serious Incident Reporting Policy</li> </ul>	ASO Q&A
<p><b>7.9 Multi-agency Safeguarding Policies</b></p> <p>CW requested that the Multi-agency Safeguarding Policies be delegated to the Quality Group. It was felt by Governing Body members that this was appropriate, as the Quality Group looked at Safeguarding issues.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Delegated the Multi-agency Safeguarding Policies to the Quality Group</li> </ul>	DoR& QA
<b>ITEMS FOR AWARENESS AND NOTING</b>		
<p><b>7.10 CCG Quality Group Minutes – 28 November 2013 &amp; 19 December 2013</b></p> <p>CW presented Item 7.10 and the report was taken as 'read'. The CCG Quality Group minutes were for information only.</p>	<p><b>Decision:</b> The CCG Governing Body:</p> <ul style="list-style-type: none"> <li>Received and noted the CCG Quality Group minutes</li> </ul>	DoR& QA
<b>8.0 PUBLIC QUESTION TIME</b>		
<p>A number of questions/issues were raised by members of the public relating to:</p> <ul style="list-style-type: none"> <li><b>Care in the Community – Use of incontinence pads in Care Homes</b></li> </ul> <p>A member of the public queried the use of incontinence pads in care homes, and questioned whether only 3 per patient could be used within a 24 hour period, and whether it was correct that</p>	<p><b>Decision:</b> Noted</p>	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>they were not changed between 21:00 and 08:00.</p> <p>CW advised that she was unable to comment on individual cases in a public meeting, but advised that a multi-agency continence group had been set up, which looked at care pathways and continence issues. The Health Scrutiny Panel had made recommendations in relation to continence services, and these were being taken forward by the group. It was confirmed that Councillor Bromby, Chair of the Health Scrutiny Panel, had been invited to be a member.</p> <p>Constraints regarding the continence budget were discussed, although it was confirmed that proprietors of the care homes should meet the needs of the residents in relation to continence products.</p> <p>It was suggested that the member of the public should liaise with CW outside of the public meeting, with a view to possibly identifying the care home involved, in order that further investigation could take place.</p> <ul style="list-style-type: none"> <li> <b>Item 7.2 - Finance Report: Month 9 (December 2013)</b> <p>A query was raised with regard to Appendix 3: A2. TP was asked to explain the 'latest budget' column, and why this was not a fixed number. TP advised that further allocations are given throughout the year, for various reasons e.g. winter pressures. Once the allocation amounts are signed off, they are added, therefore the budget figure changes.</p> <p><i>Appendix 3: A2, Acute Services Collaborative Commissioning (line 12)</i></p> <p>The negative expenditure and variances on this line, full year value of £378k represents the credit notes which the CCG is expecting from Northern Lincolnshire &amp; Goole NHS Foundation Trust (NLaGFT) in respect of C Difficile and Accident &amp; Emergency target penalties for 2012/2013.</p> <p><i>Appendix 3: A2, Other Programme Services Non Pay (line 7)</i></p> <p>It was confirmed that this related to contingency and other reserves.</p> <p><i>Appendix 3: A2, Running Costs Other (line 9)</i></p> <p>A query was raised in relation to Appendix 3: A2, Running Costs Other, line 9, and what this referred to.</p> <p>Discussion took place regarding Mental Health and Acute Care.</p> </li> <li> <b>Patient Participation in the NHS111 Quality Group</b> <p>It was highlighted that new Terms of Reference for the group were approved in December 2013. The meetings in January, February and March 2014 had all been cancelled.</p> <p>FM advised that the decision was made across North Yorkshire and the Humber to be assured at a regional level, therefore the</p> </li> </ul>	<p><b>Action:</b> Appendix 3: A2, Running Costs Other, line 9, to be confirmed</p>	<p>CFO&amp;BS</p>

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<p>individual meetings within each CCG had ceased. Patient participation was still required, but across the whole area. A formal recruitment process would be followed.</p> <p>CW apologised for the way the meetings were cancelled, with little notice. CW agreed to discuss further with the two patient representatives outside of the Governing Body meeting.</p> <p>AC advised that now NHS111 was mobilised, assurance would be sought across 8 CCG areas (North Yorkshire and the Humber). The two patient representatives were encouraged to apply for the regional patient representative positions.</p> <ul style="list-style-type: none"> <li> <b>Patient Participation Groups (PPGs)</b>  It was queried how many practices across North Lincolnshire had PPGs. MS advised that the North Lincolnshire CCG had 21 practices. The practices did not all have a PPG that met face to face regularly, as some held 'virtual' meetings </li> <li> <b>GP Practice Ratings</b>  Discussion took place regarding the CQC and the Royal College of GPs Accreditation </li> <li> <b>Fracking</b>  A query was raised regarding the chemicals used in the fracking process, and the impacts on health were discussed. TF agreed to pick this up outside of the meeting, as this would fall under the remit of Public Health England, rather than the CCG </li> </ul>		
<b>9.0 ANY OTHER BUSINESS</b>		
<b>9.1 Urgent Items by Prior Notice</b> No urgent items were discussed.		
<b>10.0 DATE AND TIME OF NEXT PUBLIC MEETING</b>		
Thursday 10 April 2014 13:30 Board Room, Health Place, Brigg	<b>Decision:</b> Noted	Chair
<b>11.0 ADDITIONAL ITEMS FOR NOTING/INFORMATION ONLY</b>		
<b>11.1 Health &amp; Wellbeing Board Minutes – 10 December 2013</b>	<b>Decision:</b> Noted, for information only	CO
<b>11.2 CCG Engine Room – Decisions Made Log – December 2013 &amp; January 2014</b>	<b>Decision:</b> Noted, for information only	CO