

<b>Date:</b>	10 <sup>th</sup> August 2017
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	Item 10.7
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> <i>(Name, Title)</i>	Catherine Wylie Director of Nursing & Quality
<b>GB Lead:</b> <i>(Name, Title)</i>	Catherine Wylie
<b>Director approval</b>	

<b>Report Title:</b>
CCG Quality Group Notes
<b>Decisions to be made:</b>
To receive and note

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>
<p>The Quality Group minutes dated 24<sup>th</sup> May and 28<sup>th</sup> June 2017 are attached for the CCG Governing Body to receive and note, for information only.</p>

<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Finance</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>Patient, Public, Clinical and Stakeholder Engagement to date</b>									
	N/A	Y	N	Date		N/A	Y	N	Date
<b>Patient:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>MEETING:</b>	NHS North Lincolnshire Clinical Commissioning Group Quality Group	 <b>QUALITY GROUP</b>
<b>MEETING DATE:</b>	24 <sup>th</sup> May 2017	
<b>VENUE:</b>	Meeting Room 2, (First Floor), Health Place, Brigg	
<b>TIME:</b>	14:00	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Catherine Wylie (CW) (Chair)	Director of Nursing and Quality	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding Children and Adults	NHS North Lincolnshire CCG
Dr Robert Jaggs-Fowler (RJF)	CCG GP Member/Director of Primary Care /Named Doctor for Safeguarding (Adults & Children)	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	NHS North Lincolnshire CCG
<b>IN ATTENDANCE:</b>		
Vivienne Simpson (VS)	Project Officer/PA	NHS North Lincolnshire CCG
Gary Johnson (GJ)	Patient Safety Lead	NHS North Lincolnshire CCG
Chloe Nicholson (CN)	Quality Lead: North & North East Lincolnshire CCG	NHS North Lincolnshire CCG
Sally Bainbridge (SB)	Specialist Nurse Safeguarding Children and Adults	NHS North Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Jane Ellerton (JE)	Senior Manager - Commissioning	NHS North Lincolnshire CCG
Linda Taylor (LT)	Specialist Nurse, Infection Prevention and Control	NHS North and North East Lincolnshire CCG
Ian Reekie (IR)	CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Gemma McNally (GMcN)	Senior Medicines Optimisation Pharmacist	NHS North of England Commissioning Support
Rachel Staniforth (RS)	Service Lead Prescribing	North East Lincs CCG

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>1.0 APOLOGIES AND QUORACY</b>		
i) Apologies for absence were received, approved and noted.	<b>Action: Apologies received, approved and noted.</b>	<b>Chair</b>
ii) It was noted that the meeting was quorate to proceed.		
<b>2.0 DECLARATION OF INTERESTS</b>		
The Chair asked members present to make known any additional Declarations of Interest in relation to the agenda, previously declared by members.	<b>Action: No declarations of Interest were declared.</b>	<b>Chair</b>
<b>3.0 MINUTES OF THE PREVIOUS MEETING HELD ON 3<sup>rd</sup> MAY 2017</b>		
No issues were raised and the minutes of the meeting held on the 3 <sup>rd</sup> May were agreed as an accurate record.	<b>Action: The minutes of 03.05.17 were approved as an accurate record of the meeting.</b>	<b>Chair</b>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>4.0 ACTION LOG UPDATE AS DISCUSSED</b>		
Outstanding actions were discussed. An update for each outstanding action has been noted within the Action Log.	<b>Action: Noted</b>	<b>Chair</b>
<b>5.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)</b>		
No items were raised for discussion.	<b>Action: Noted</b>	<b>All</b>
<b>6.0 BOARD ASSURANCE FRAMEWORK INCORPORATING THE CORPORATE RISK REGISTER</b>		
<p>JP noted that the presentation has reverted back to the column format.</p> <p>Key piece of work is the development of the Assurance Framework of which the strategic risk register will be a key part. Each directorate has a nominated lead for updating their Risk Registers and these leads now meet on a regular basis. There is a need to ensure regular updates and some do need re-writing. It has been agreed to review strategic risks at the July Board workshop. It is crucial that the Gov Body must agree on the strategic objectives. JP meeting with executive team to go through strategic risks on 30.5.17.</p> <p>CW highlighted that the Quality Group is responsible for the corporate and directorate risk registers and asked if the group is assured on the information presented. The group agreed that more work needed to be done to gain assurance and it was agreed that CW and JP would meet outside the meeting to take forward.</p> <p>It was agreed that financial risk should be reviewed by the F&amp;P group. Audit group key focus is gaining assurance that systems and processes are in place.</p>	<b>Decision: That the report and its contents be noted.</b>	<b>All</b>
<b>7.0 QUALITY DASHBOARD AND SUMMARY POINTS</b>		
<p>Report noted CN highlighted the following key areas:</p> <p><b>NLaG</b></p> <ul style="list-style-type: none"> <li>- Concerns raised in the CQC inspection report have been mapped to the work streams and projects within the NLaG Improving Together Programme. Trust remains on an enhanced level.</li> <li>- Continuing to review and incorporate a tab for risk summaries</li> <li>- MRSA – 3 hospital acquired cases (not North Lincs residents)</li> <li>- Clinical handovers in A&amp;E – 2 handover nurses have been appointed at each hospital site</li> <li>- Nutrition and hydration – continue to report challenges in performance standards. This has been incorporated into the Improving Together Programme</li> <li>- Pressure Ulcers – 3 Sis have been reported and themes identified. Would expect to see what is being done to improve standards</li> </ul> <p><b>EMAS</b></p> <p>Performance continues to be challenging – not achieved national and regional targets levels for Red1, Red2 and A19 Query on their quality risk profile and how they manage escalation process</p>	<b>Action: That the report and its contents be noted.</b>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>RDaSH</b> SIs – review to be undertaken and will be shared with the Collaborative Board and Contract Management Board</p> <p><b>HEY</b> No significant concerns have been identified in relation to quality. No concerns raised in relation to NL patients. Overall, good assurance received.</p> <p><b>St Hughs</b> CQC published a report on endoscopy services – received requires improvement. It was reported this should have minimal impact for North Lincs patients.</p> <p><b>Safeguarding</b> RDASH has provided updated information in relation to safeguarding to Commissioners via the CMB. CN to forward this information to SG.</p>		
<b>8.0 TERMS OF REFERENCE</b>		
<p>CW explained that all sub groups of the Board have been asked to review their ToR in line with governance requirements to ensure they all remain relevant and fit for purpose.</p> <p>Minor amendments required to the membership i.e. amending titles and removing the clinical lead for QIPP</p>	<p><b>Decision: Noted</b></p> <p><b>Action: Amended ToR to go to the Governing Body for ratification</b></p>	<b>CW</b>
<b>9.0</b>		
<b>9.1 RECONFIGURATION OF MATERNITY SERVICES</b>		
<p>As a result of the serious concerns identified in the CQC report, the CCG is undertaking an options appraisal on how the service might look if we commission it differently. Helena Dent is undertaking this piece of work and it was agreed to invite her to attend the next meeting in order for the Quality Group to understand what are quality issues and any potential changes</p> <p>RJF stated the report should provide a starting point, noting the quality issues both pros and cons and what the wider impact could be.</p>	<p><b>Action: Invite Helena Dent to attend on the 28<sup>th</sup> June</b></p>	<b>CW</b>
<b>9.2 NY &amp; H QUALITY SURVEILLANCE GROUP</b>		
<p>CW fed back from a recent regional group meeting, stating that in future the quality improvement paper will now be done by Place (looking at quality as a whole) and will demonstrate what the CCG actions are going to be and what the impact will be to us.</p> <p>HM reported GP practices are enquiring about accessing Cervical Smear training and Flu Vaccination training. Practices have access to a PHE link for Cervical Smear training and it was agreed HM would forward the link to Dr Sanderson for her view on whether this is suitable training. HM to look into flu vaccination training.</p>	<p><b>Action: HM to send PHE link to Dr Sanderson</b></p> <p><b>Action: HM to source Flu Vacc training</b></p>	<b>HM</b> <b>HM</b>
<b>9.3 CYBER ATTACK</b>		
<p>CW updated the group on the recent cyber-attack and the Lessons</p>	<p><b>Decision: Update Noted</b></p>	<b>CW</b>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>learnt. It was noted that there was a good response from CCG staff but there were issues around phone numbers and calls NLaG responded well. There was an issue with 6 ambulances queuing and 50 patients in A&amp;E – but there were no patients in OOH, subsequently patients were then diverted from A&amp;E to OOH.</p> <p>FB expressed concern – as NLaG had already experienced a cyber-attach could anything else have been done by them prior to the second cyber-attack. CW reported that they had already put ‘patches’ in place on the servers at Grimsby and Goole but hadn’t put Scunthorpe’s in place in time. We now have assurance that NLaG are working to resolve this.</p>		
<b>10.0 NEVER EVENTS AND SERIOUS INCIDENTS</b>		
<p>HM reported there are currently 3 Never Events open, however none are North Lincolnshire’s.</p> <p>DPOW retained foreign object – awaiting the action plan in July Wrong implant – routine hip surgery – awaited action plan E Riding patient– SGH ICU mis-placed gastric tube – report due in August.</p> <p>Significant trend of mis-identification. It was agreed this should continue to be monitored.</p>	<b>Decision: Update Noted</b>	<b>HM</b>
<b>11.0 LEARNING DISABILITY MORTALITY REPORT</b>		
<p>CW provided background details on the Learning Disabilities Mortality Review (LeDeR) programme which commenced last November, which requires an investigation into the death of every person aged 4 upwards with a Learning Disability.</p> <p>Reviewers are trained and the steering group has been established and this will be coordinated by CCG Executive Nurses (full details are contained within the circulated guidance).</p> <p>CW outlined current cases CCGs will be monitored on the following elements:-</p> <ul style="list-style-type: none"> <li>- Ensuring Providers have the appropriate policies in place</li> <li>- Evidence the CCG are monitoring the compliances of the process.</li> <li>- Lessons are learnt for the cases and are shared across the health community</li> </ul> <p>Any reports will come to the Quality Group.</p> <p>It was queried who would report the death in primary care? It was agreed it would be useful to put a briefing paper on DXS for GPs and SG to remind people at the safeguarding link meeting.</p>	<b>Decision: Update Noted</b>	<b>CW</b>
<b>PATIENT EXPERIENCE</b>		
<b>12.0 FREEDOM OF INFORMATION QUARTER 4</b>		
Report taken as read and noted	<b>Action: Report noted</b>	
<b>13.0 ANY OTHER BUSINESS</b>		
No items were raised for discussion	<b>Action: Noted</b>	<b>Chair</b>
<b>14.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		



SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>20.1 TIER 4 CAHMS OVERSIGHT</b>		
<p>SG took the paper as read and outlined background.</p> <p>It was noted that the group will receive updates on the T4 oversight process (via the monthly Safeguarding report) and that the Quality Group is expected to support the Tier 4 Quality Assurance Group.</p> <p>SG requested comments be sent to her by the 9<sup>th</sup> June 2017.</p>	<p><b>Action: Comments to be sent to SG by the 9.6.17</b></p>	All
<b>21.0 INFECTION PREVENTION AND CONTROL UPDATE</b>		
<p>Item deferred until June</p> <p>HM questioned whether there is anything we need here in the interim. Now have primary care dashboard and the BI report – could coordinate a monthly report</p>	<p><b>Action: HM to consider alternative report in the interim</b></p>	HM
<b>22.0 NORTH LINCOLNSHIRE CCG INCIDENT AND SERIOUS INCIDENT MEETINGS</b>		
<p><b>22.1 Minutes of the meeting of 29<sup>th</sup> March 2017</b> The minutes of 29<sup>th</sup> March were taken as read and noted</p> <p><b>22.2 Minutes (draft) of the meeting of 27 April 2017</b> The minutes of 27 April 2017 were taken as read and noted</p> <p><b>22.3 Matters arising from the 27<sup>th</sup> April 2017</b> The matters arising from the 27<sup>th</sup> April were taken as read and noted</p>	<p><b>Action: The minutes of 29<sup>th</sup> March and 27<sup>th</sup> April were received and noted</b></p> <p><b>Action: The matters arising from the 27<sup>th</sup> April were received and noted</b></p>	ALL
<b>23.0 NHS 111 UPDATE – Month 11</b>		
<p>It was noted that the CCG has not received the relevant information. BB continuing to chase.</p> <p>CW questioned whether we need to do a deep dive. It would be helpful to receive details of performance against national standards.</p> <p>BB to come to next meeting for further discussion</p>	<p><b>Action: VS to invite BB to next meeting</b> <i>Post meeting note: BB on a/l in June will attend July meeting</i></p>	VS
<b>24.0 ANY OTHER BUSINESS</b>		
<p>There were no items were raised for discussion</p>	<p><b>Action: Noted</b></p>	All
<b>25.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
<p>No risks were identified from the business discussed</p>	<p><b>Action: Noted</b></p>	All
<b>CARE QUALITY COMMISSION (CQC) REPORTS</b>		
<b>26.0 CARE QUALITY COMMISSION (CQC) INSPECTION UPDATES</b>		
<p><b>26.1 Care Homes</b> The report was noted and received The report does not include residents of GP practices that are OOA. SB to link with HM to include care homes with CHC funded patients in out of area care homes and domiciliary care providers RJF Concerned that Cherry Tree had previously been a flagship home and now is rated as needs improvement – should we be concerned about why this has happened. It was agreed to include an analysis</p>	<p><b>Action: The CQC report on GP Practices was noted and received</b></p> <p><b>Action: The CQC report on Care Homes was noted and receive</b></p> <p><b>Action: Future reports to include</b></p>	All to note

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
component, comparative to previous CQC report, the “so what” element  <b>26.2 GP Practices</b> The report was noted and received	<b>OOA homes with CHC funded patients and domiciliary care providers and a comparative section to previous CQC home reports</b>	SB
<b>INFORMATION GOVERNANCE</b>		
<b>27.0 INFORMATION GOVERNANCE/ TOOLKIT UPDATE</b>		
Agreed work plan for the year, considerable amount of work Data flow – info asset owner pathway	<b>Action: Update noted</b>	CW
<b>28.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE SUB GROUP</b>		
None	<b>Action:</b>	
<b>29.0 ANY OTHER BUSINESS</b>		
None	<b>Action:</b>	
<b>30.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No risks were identified from the business discussed	<b>Action: Noted</b>	
<b>CONTRACT QUALITY ISSUES</b>		
<b>31.0 ANY OTHER BUSINESS</b>		
There were no items were raised for discussion	<b>Action: Noted</b>	
<b>32.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No risks were identified from the business discussed	<b>Action: Noted</b>	
<b>MEETING NOTES FROM OTHER GROUPS</b>		
<b>33.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY</b>		
No items to report	<b>Action: No items to report</b>	
<b>34.0 ITEMS FOR INFORMATION</b>		
None	<b>Action: Noted</b>	
<b>ANY OTHER BUSINESS</b>		
<b>35.0 URGENT ITEMS BY PRIOR NOTICE</b>		
<b>Protocol for X Ray Referral by Nurse Practitioners working in General Practice</b>  The Quality Group gave approval for this protocol to be used, it was acknowledged that NLaG will need to approve before they will train staff.	<b>Decision: Protocol approved</b>	HM
<b>36.0 DATE AND TIME OF NEXT MEETING</b>		
<b><u>Wednesday 28<sup>th</sup> June 2017 at 14:00 Meeting room 2 , Health Place, Brigg</u></b>	<b>Action: All Members to note the date, time and venue of the next meeting.</b>	<b>ALL TO NOTE</b>

<b>MEETING:</b>	NHS North Lincolnshire Clinical Commissioning Group - Quality Group	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>QUALITY GROUP</b>
<b>MEETING DATE:</b>	28 <sup>th</sup> June 2017	
<b>VENUE:</b>	Meeting Room 2, (First Floor), Health Place, Brigg	
<b>TIME:</b>	14:00 – 16.30	

<b>PRESENT:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Catherine Wylie (CW) (Chair)	Director of Nursing and Quality	NHS North Lincolnshire CCG
Ian Reekie (IR)	CCG Lay Member, Joint Commissioning	NHS North Lincolnshire CCG
Dr Anita Kapoor (AK)	CCG GP Member	NHS North Lincolnshire CCG
Dr Faisal Baig (FB)	CCG GP Member	NHS North Lincolnshire CCG
John Pougher (JP)	Head of Governance	NHS North Lincolnshire CCG
Sarah Glossop (SG)	Designated Nurse: Safeguarding and LAC	NHS North Lincolnshire CCG
Jane Ellerton (JE)	Head of Strategic Commissioning	NHS North Lincolnshire CCG
Hazel Moore (HM)	Head of Nursing	NHS North Lincolnshire CCG
<b>IN ATTENDANCE:</b>		
Chloe Nicholson (CN)	Quality and Experience Manager	NHS North Lincolnshire CCG
Gemma McNally (GMcN)	Senior Medicines Optimisation Pharmacist	NHS North of England Commissioning Support
Sally Andrews (SAA)	Interim PA	NHS North Lincolnshire CCG

<b>APOLOGIES:</b>		
<b>NAME</b>	<b>TITLE</b>	<b>SERVICE/AGENCY</b>
Dr Robert Jaggs-Fowler (RJF)	CCG GP Member/Director of Primary Care /Named Doctor for Safeguarding (Adults & Children)	NHS North Lincolnshire CCG

<b>SUMMARY OF DISCUSSION</b>	<b>DECISION/ACTION</b> (including timescale for completion or update)	<b>LEAD</b>
<b>4.0 APOLOGIES AND QUORACY</b>		
iii) Apologies for absence were received, approved and noted.	<b>Action: Apologies received, approved and noted.</b>	<b>Chair</b>
iv) It was noted that the meeting was quorate to proceed at 2.05 pm.		
<b>5.0 DECLARATION OF INTERESTS</b>		
The Chair asked members present to make known any additional Declarations of Interest in relation to the agenda, not previously declared by members.	<b>Action: No additional declarations of Interest were made.</b>	<b>Chair</b>
<b>6.0 MINUTES OF THE PREVIOUS MEETING HELD ON 24th MAY 2017</b>		
The minutes of the meeting of 24 <sup>th</sup> May 2017 were agreed and approved as an accurate record of the meeting.	<b>Action: The minutes of 24.05.17 were approved as an accurate record of the meeting.</b>	<b>Chair</b>
<b>7.0 ACTION LOG – OUTSTANDING ACTIONS</b>		
<b>i)Item number 8.0 - 03.05.17</b> Future focus of Quality Group	<b>Action: Item 8 completed, closed and removed from the log.</b>	<b>Chair</b>
<b>ii)item number 10 – 03.05.17</b> Complaints Annual Report	<b>Action: Complaints Annual Report deferred to September meeting. CN to pick up with CS. Action closed and</b>	<b>CN/CS</b>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p><b>iii)Item 29 – 03.05.17</b> CQC Care Home Inspections – Warley House HM updated the meeting, Warley House has been rated as requires improvement. HM feels there is no need for an immediate visit at this stage, however, one will be arranged in the future.</p>	<p>removed from log. Action: Item 29 closed and removed from the log.</p>	HM
<p><b>iv)Item 8.0 – 24.05.17</b> Terms of Reference</p>	<p>Action: TOR approved by NLCCG GB on 08.06.17/ Item 8.0 completed, closed and removed from the log.</p>	VS
<p><b>v)Item 9.1 – 24.05.17</b> Reconfiguration of Maternity Services</p>	<p>Action: Item Defer to July Meeting; 9.1 closed and removed from the log.</p>	VS
<p><b>vi)Item 9.2 NY&amp;H Quality Surveillance Group – 24.05.17</b> To send PHE link to Dr Sanderson and source flu vac training</p>	<p>Action: Item 9.2 completed, closed and removed from log.</p>	HM
<p><b>vii)Item 11 - Learning Disability Mortality Report</b> To provide FB with a safeguarding briefing, paper to be put on DXS.</p>	<p>Action: FB reported this is in progress. Item 11 closed and removed from the log.</p>	SG
<p><b>viii)Item 17 Primary Care Dashboard – 24.05.17</b> CW confirmed this will be amended when RJK returns. (NHSE have not sent an example of good practise).</p>	<p>Action: Item 17 completed, closed and removed from the log.</p>	RJF
<p><b>ix)Item 20 – 24.05.17</b> Policy &amp; procedure for members of staff experiencing domestic violence and abuse.</p>	<p>Action: Agenda item 19 28/06/17, SG/JP to review section 9.12 before circulation. Item 20 closed and removed from the log.</p>	SG/JP
<p><b>x)Item 20.1 – 24.05.17</b> Tier 4 oversight - SG confirmed that the group are amending the process. It ill go to Audit next month</p>	<p>Item 20.1 closed and removed from the log.</p>	SG
<p><b>xi) Item 21 – 24.05.17</b> Infection Prevention and Control update – HM informed the meeting the Specialist Nurse is on long term sick. Post is covered by on a secondment (SLA) basis by WC from the Hospice. There are no major outbreaks/alerts to report.</p>	<p>Action: Item 21 closed and removed from the log.</p>	HM
<p><b>xii) Item 26.1 – 24.05.17</b> CQC Care Home Inspection update – HM reported that she has met with SB and a new proforma is being produced. Information will be available next month</p>	<p>Action: Item 26.1 closed and removed from the log</p>	HM
<p><b>xiii) Item 35 – 24.05.17</b> Protocol for X Ray Referral by Nurse Practitioners working in General Practitioner.</p>	<p>Action: Protocol now approved, item 35 completed, closed and removed from the log.</p>	HM
<p>An update for each outstanding action has been noted within the Action Log.</p>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>7.0 MATTERS ARISING FROM THE MINUTES OF 24<sup>TH</sup> MAY 2017 (NOT COVERED ON THE AGENDA)</b>		
<p><b><u>26.1 Care Homes</u></b> HM informed the meeting that there are low level concerns about nursing at Hilltop.</p>	<p><b>Action: HM confirmed that an unannounced visit to Hilltop is being planned.</b></p>	<p><b>HM</b></p>
<b>8.0 ASSURANCE FRAMEWORK INCORPORATING THE CORPORATE RISK REGISTER</b>		
<p>JP referred members to the documents previously circulated. JP informed the meeting that this is the first time that the Directorate Risk Registers have been reviewed by the Quality Group. Each Directorate now has a nominated lead with responsibility for collating and updating their directorate register. To support the development of the registers a training session for Heads of Service, Senior staff and nominated leads has been organised and each directorate is being encouraged to review the register at their respective regular team meetings. The Strategic Risk register (Assurance Framework) will be monitored by the Governing Body and Audit Group. It was confirmed that JP will ensure risks are escalated from Directorate to Strategic level. An overall Assurance Framework is being developed and subject to formal approval will provide a coordinated and structured approach to the management of CCG assurances. Time has been set aside at the Governing Body workshop on the 13<sup>th</sup> July to review the CCGs strategic objectives and associated risks. JP emphasised the importance of capturing risks, the inevitable duplication of risks between Directorate and Strategic levels can be sorted. CW advised members of the need to work towards a RAG rated dashboard approach. The Chair thanked JP for the report and supporting documents.</p>	<p><b>Action: Members noted the Assurance Framework, incorporating the Corporate Risk Register.</b></p>	<p><b>All to note</b></p>
<b>7.0 BOARD ASSURANCE FRAMEWORK</b>		
<p>JP referred members to the documents previously circulated. NL CCG Governing Body must be able to assure itself that it is operating effectively and meeting its strategic objectives. The Governing Body, therefore, needs to be aware of the current position in relation to the achievement of any of its strategic objectives. Whilst there will always be a degree of uncertainty the Governing Body must be able to assess the probability of an objective been achieved and be aware of any inherent risks to delivery. Every year Internal Audit assesses the effectiveness of controls in place within the CCG and provides an annual opinion in support of the CCG's Annual Governance Statement. This work includes reviewing the way in which the Governing Body has identified its objectives, risks, controls and sources of assurance and assessed the robustness of the assurances obtained. The BAF identifies the integrated governance and internal control processes used within the CCG and the way in which the Governing Body and managers will assure themselves that organisational objectives are being achieved through the use of an Assurance Framework. It takes into account and reflects guidance issued by the DoH, HM Treasury and the Good Governance Institute.</p>	<p><b>Action: That the Board Assurance Framework report and its contents be noted.</b></p>	<p><b>All to note</b></p>

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Over recent years in the NHS the term “Board Assurance Framework” has become synonymous with the strategic risk register that reports on the risks associated with the delivery of the strategic objectives rather than the wider systems controls and monitoring systems in place. In the report the term BAF refers to the overall systems and controls: the strategic risk register refers to the risk report that will be presented to the Governing Body.</p> <p>The Strategic Risk Register enables the Governing Body to: identify and understand the risks (internal and external) that are critical to the success and continuation of the organisation; agree acceptable levels of strategic risk and approve the actions required to mitigate risks to this level; monitor assurance mitigating actions are being taken and risks are being appropriately managed.</p> <p>JP informed the meeting that this paper will go through to Audit Group for review.</p> <p>Executive Team must own the document before it goes to the Governing Body.</p> <p>CW thanked JP for an excellent piece of work.</p>		
10.0 QUALITY DASHBOARD WITH SUMMARY OF KEY POINTS		
<p>CN referred members to the documents previously circulated and referred to key highlights.</p> <p><b><u>EMAS CQC Quality Summit</u></b></p> <p>In July 2016, the CQC served the Trust with a Warning Notice in which the CQC required the Trust to make significant improvements to the quality of health care provided. The CQC re-inspected the Trust on 21, 22, 23 February &amp; 3 March 2017. The outcome report was published 13/06/2017. The CQC awarded the Trust an overall rating of requires improvement. The CQC acknowledged that the Trust had made significant improvements since the warning notice was issued in July 2016, however there continue to be concern around response times. Main issues identified: Ambulance response times; Call centre response times; Compliance with mandatory &amp; statutory training &amp; other standards; Communication between Executive Team and Operational Staff.</p> <p>The CQC confirmed that the section 29a Warning Notice has been lifted and no enforcement actions remain. The overall rating is requires improvement but the CQC acknowledged that the Trust narrowly missed a rating of good [under the Effectiveness domain] but poor response times (particularly performance in Red 2) prevented the Trust from achieving this improved position.</p> <p>The Trust anticipated this rating and recognised that they would need time to provide evidence/assurance that improvements are embedded across the Trust. The Trust has agreed to pilot the Ambulance Response Programme (ARP), to commence July 17. The ARP will move away from the current response time standards and will focus more on specific patient outcomes/patient pathways and will move towards an STP based delivery model.</p> <p><b><u>NLaG &amp; EMAS</u></b></p>	<p><b>Action: That the Quality Dashboard and supporting reports be noted.</b></p>	

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>Clinical Handovers in A&amp;E – SGH &amp; DPOW pre-clinical handover rate has continued to increase since Oct 16. This suggests that both hospitals continue to experience patient flow issues which are impacting on the front end service. A Business Case has been initiated for 2 x Handover Nurses.</p> <p><b>NLaG - 52 week breaches</b> The Trust continues to report an increase in the number of people waiting over 52 weeks for an appointment. The Trust reported 87 breaches of the 52 week standard in April 17.</p> <p><b>NLaG - Missed Referrals</b> Following the identification of a batch of missed referrals from Primary Care, the Trust shared the issue with the public and provided a helpline for patients affected. The Trust sent letters of apology to those patients involved.</p> <p><b>NLaG - Radiology</b> There are issues with Radiology they cannot report within 6 weeks.</p> <p><b>NLaG - RTT Waiting List</b> Position The Trust wide performance position against all 18 week wait targets, including the NHS Improvement trajectory, continues to fall significantly below required levels. The Trust has confirmed that a recovery trajectory will not be developed until Sept 17 and the Trust is unlikely to meet 92% standard until 2018.</p> <p>JE informed the meeting that the Trust still has unvalidated records.</p> <p>IR informed the meeting that the mortality rate is now back to a higher than expected level.</p> <p><b>ST Hugh's</b> – Surgical check list is being monitored.</p> <p>The Chair thanks CN for her detailed report.</p>		
<b>9.0 DRAFT QUALITY STRATEGY AND ASSURANCE FRAMEWORK</b>		
<p>CN informed the meeting that this item is deferred to the July 2017 Quality Group meeting.</p>	<p><b>Action: Draft Quality Strategy and Assurance Framework are deferred to the July meeting.</b></p>	<p>CN/VS</p>
<b>10.0 NHS NLCCG CONTINUING HEALTHCARE PLAN</b>		
<p>HM referred to the revised Care Plan previously circulated. It is intended that the Care Plan will be initiated between the CCG and the relevant provider for all clients who are eligible and in receipt of CHC funding.</p>	<p><b>Action: Subject to the inclusion of i) specific diagnosis and ii) specialist Care Needs at the top of the document, the Quality Group approve the use of the Care Plan.</b></p>	<p>HM</p>
<b>PATIENT EXPERIENCE</b>		
<b>11.0 NO ITEM</b>		
<b>12.0 ANY OTHER BUSINESS</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Members did not raise any other business for consideration.		Chair
<b>13.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
NLaG was identified as a new risk from the business discussed.	Action: NLaG was identified as a new risk from the business discussed.	CW
<b>CLINICAL EXCELLENCE</b>		
<b>14.0 MEDICINES MANAGEMENT/PRESCRIBING</b>		
<p>(GMcN reminded the meeting that it had been agreed that the title for this agenda item should read Medicines Management/Prescribing only - delete Pharmaceutical rebates).</p> <p>GMcN referred to the bar chart graphs and supporting report previously circulated to members.</p> <p>GMcN explained that the narrative to support the Prescribing Scorecard for 2016/17 Q4 (January to March 2017). It describes the evidence base behind the indicators and adds an overview of the status as defined by FP10 prescribing data and is displayed in bar charts. The aim of the scorecard has been to draw attention to prescribing areas which fit within the quality aspect of QIPP and thus medicines optimisation. Some of the indicators have a direct impact on cost efficiency and budget control, although the main intention is to ensure safe and appropriate prescribing across key indicators which have been highlighted in supporting Quality documents. (Namely PrescQIPP Quality Scorecard, NICE Key Therapeutic Topics). GMcN talked through the sections of the report which showed where there had been an increase/decrease in prescribing trends.</p>	<p>Action: Note for future QG agenda's.</p> <p>Action: The North Lincolnshire Clinical Commissioning Group Q45 Prescribing Scorecard report was noted.</p> <p>Action: For future reports, GMcN is requested to include national figures for comparative purposes.</p>	<p>CW/VS</p> <p>All to note</p> <p>GMcN</p>
<b>15.0 PRIMARY CARE DASHBOARD</b>		
<p>IR informed the meeting that the Primary Care Dashboard had been discussed in detail at the recent JCC meeting. The JCC have decided they will receive the Primary Care Dashboard on a 6 monthly basis with the option to undertake a deep dive on any areas giving cause for concern.</p> <p>NHSE have offered to send a good example of a primary care dashboard, members noted that this has not yet been received.</p> <p>CW confirmed that today's report is the same one considered by the JCC.</p>	<p>Action: Members note the comments from the JCC meeting.</p> <p>Action: Members note that the format may be reviewed by RJF when the NHSE example is received.</p>	<p>All to note</p> <p>RJF/ TW</p>
<b>16.0 ANY OTHER BUSINESS</b>		
Members did not raise any other business for consideration.		Chair
<b>17.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESSES DISCUSSED</b>		
It was noted that there is still no GP Prescribing Lead for NLCCG.	Action: It was noted that there is still no GP Prescribing Lead for NLCCG.	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>PATIENT SAFETY</b>		
<b>18.0.0 SAFEGUARDING UPDATE</b>		
<p>SG referred to the report previously circulated. SG explained that the report provides an update on activity in North Lincolnshire by the CCG, health providers and, on a mutli agency basis, to promote the welfare of children and adults with care and support needs.</p> <p>The report provides assurance to the Quality Group that statutory obligations regarding the Safeguarding of Children and Adults are being met.</p> <p>SG informed the meeting that she has not had assurance from providers NLaG and RDaSH.</p> <p>SG – System 1 and Ems – speak to SG</p> <p>SG informed the meeting that NLC are in the middle of a 4 week Ofsted Inspection, which will review the functions of CIN, LAC and the LSCB. SG will be involved in Case Management interviews with the Ofsted team next week.</p> <p>Quality Group members were asked to approve the revised proposed reporting format safeguarding report to quality group</p>	<p><b>Action: SG to take concerns regarding NLaG and RDaSH to the Contracts Meeting forum.</b></p> <p><b>Action: NLC Ofsted and SG’s involvement in the process was noted.</b></p> <p><b>Action: Approved</b></p>	<p style="text-align: center;"><b>SG</b></p> <p style="text-align: center;"><b>All to note</b></p>
<b>19.0 POLICY AND PROCEDURE FOR MEMBERS OF STAFF EXPERIENCING DOMESTIC ABUSE</b>		
<p>SG presented the Policy and Procedure to Quality Group and explained it is for Members of Staff Experiencing Domestic Violence and Abuse. The Policy provides the CCG Quality Group with up to date guidance for North Lincolnshire CCG into staff affected by Domestic Abuse</p> <p>The Policy also provides assurance to the CCG Quality Group that the requirements of NICE guidance, Recommendation 5 ‘Create an environment for disclosing domestic violence and abuse’.</p>	<p><b>Action: The Chair requested that SG and JP meet to discuss section 9.12 of the Policy and Procedure for members of staff experiencing Domestic Violence.</b></p> <p><b>Action: The report is approved, subject to the amendment to 9.12, and may be circulated following amendments.</b></p>	<p style="text-align: center;"><b>CW/ SG/JP</b></p> <p style="text-align: center;"><b>SG</b></p>
<b>20.0 SAFEGUARDING ANNUAL REPORT</b>		
<p>SG informed the meeting that this item is deferred to the July 2017 Quality Group meeting.</p>	<p><b>Action: The Safeguarding Annual Report is deferred to the July meeting.</b></p>	<p style="text-align: center;"><b>SG/ VS</b></p>
<b>21.0 INFECTION PREVENTION AND CONTROL UPDATE</b>		
<p>HM confirmed that she will be looking into providing an interim IPC report during the absence of LT.</p>	<p><b>Action: It was noted that HM is looking into providing and interim IPC report.</b></p>	<p style="text-align: center;"><b>HM</b></p>
<b>22.0 NORTH LINCOLNSHIRE CCG INCIDENT AND SERIOUS INCIDENT MEETING</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<b>22.1 NLCCG Incident &amp; Serious Incident Meeting – 27 April 2017</b>	Action: The Minutes of the meeting of 27 April 2017 were noted and received.	HM
<b>22.2 NLCCG Incident &amp; Serious Incident Meeting – 31 May 2017</b>	Action: The Minutes of the meeting of 31 May 2017 were noted and received.	HM
<b>22.3 Matters arising at 31 May 2017</b>	Action: Matters arising from the meeting of 31 May 2017 were noted and received.	HM
<b>23.0 NORTHERN LINCOLNSHIRE AND GOOLE FOUNDATION TRUST COLLABORATIVE SERIOUS INCIDENT MEETING</b>		
<b>23.1 NLAG Collaborative Serious Incident Meeting – 26 April 2017</b>	Action: The Minutes of the meeting of 26 April 2017 were noted and received.	HM
<b>23.2 NLAG Collaborative Serious Incident Meeting – 31 May 2017</b>	Action: The Minutes of the meeting of 31 May 2017 were noted and received.	HM
<b>23.3 Matters arising at 31 May 2017</b>	Action: Matters arising from the meeting of 31 May 2017 were noted and received.	HM
<b>24.0 NHS 111 UPDATE – MONTH 11 FEBRUARY 2017 AND MONTH 12 MARCH 2017</b>		
In response to a query from IR, JE clarified that the Warm Transfer Target of 95% is a national target.  The NHS 111 Update for Month 11, February and Month 12, March 2017 was noted and received.	<b>Action: For future NHS 111 reports, the Quality Group request that National target figures are also included in the reports for comparative purposes.</b>	JE/ RB
<b>25.0 EMAS CQC REPORT</b>		
CN referred members to the documents CQC EMAS NHS Trust Quality Report and the NHS Hardwick CCG EMAS CQC Inspection Report Overview. The summary of the Inspection report Overview acknowledged that the Trust has made significant improvements as required by the July 2016 warning notice, however, there continues to be concern around response times. The report highlighted some areas of outstanding practice, including: <i>“The Trust is trialling a pre-hospital administration of antibiotics for sepsis in North and North East Lincolnshire. The Trust is the only ambulance trust in England providing pre-hospital care to this group of patients”.</i> <i>“The Trust has extended the provision of a mental health triage care in Lincolnshire and also to include patients in Derbyshire increasing the provision of appropriate care and treatment for patients with mental health conditions”.</i> <i>“The Trust received a national award for Equality &amp; Diversity in recruitment”.</i> The report highlighted areas of poor practice where the Trust needs to make improvements, including: <i>“Ensure patients receive care and treatment in a safe way by meeting national and locally contracted response time targets for Red1, Red2 and A19 categorised calls”.</i> <i>“Take steps to improve EOC call taking response times therefore reducing the numbers of calls abandoned and the length of time callers are waiting on the phone”.</i>	<b>Action: The Quality Group received and noted The CQC EMAS NHS Trust Quality Report and the NHS Hardwick CCG EMAS CQC Inspection Report Overview.</b>	CN/ All to note

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
Additional key findings were also included in the report.		
<b>26.0 ANY OTHER BUSINESS</b>		
<p>CW informed the meeting that she is expecting a review of Crisis/CAMHS. SG has notified the LSCB, specific to CAMHS.</p> <p>RJF has fed into the Death Overview Panel, there was a review underway.</p> <p>FB also noted there is to be a childrens multi agency meeting on the 29th June.</p> <p>CW reported that RDaSH are providing a report on recent SI's. CM will present it to the Safeguarding Adult Board.</p> <p>JE confirmed that the report on CAMHS will go to ER on 3 August. The Transformation Plan is being reviewed and will go to ER on 3 August.</p> <p>FB reported there are issues about access to the CAMHS Service.</p> <p>CM to be invited to attend the next meeting to provide an update on Mental Health.</p>	<p><b>Action: CM to be invited to the July Quality Group Meeting to provide an update on Mental Health.</b></p>	<p><b>CW/ VS/ SAA</b></p>
<b>27.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
<p><u>18.0 Safeguarding Update</u> SG to take concerns regarding NLaG and RDaSH to the Contracts Meeting forum.</p>	<p><b>Action: SG to take concerns regarding NLaG and RDaSH to the Contracts Meeting forum.</b></p>	<p><b>Chair /SG</b></p>
<b>CARE QUALITY COMMISSION (CQC) REPORTS</b>		
<b>28.0 CARE QUALITY COMMISSION (CQC) INSPECTION UPDATES</b>		
<p><b>28.1 Care Homes</b></p> <p>The Chair informed the meeting that this item is deferred to the July 2017 Quality Group meeting.</p> <p><b>28.2 GP Practices</b> The CQC West Town Surgery Quality Report was noted and received. (Members noted that The Killingholme Surgery has not yet been inspected.)</p>	<p>The CQC Inspection update on Care Homes is deferred to the July meeting.</p> <p><b>Action: The CQC West Town Surgery Quality Report noted and received</b></p>	<p><b>SB/All to note</b></p> <p><b>All to note</b></p>
<b>INFORMATION GOVERNANCE</b>		
<b>29.0 INFORMATION GOVERNANCE/ TOOLKIT UPDATE</b>		
<p>JP reported that the Information Governance Group have not met since the last Quality Group meeting.</p>	<p><b>Action: All to note</b></p>	<p><b>JP</b></p>
<b>30.0 NOTIFICATION OF ISSUES FROM INFORMATION GOVERNANCE SUB GROUP</b>		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
No issues to report. See 29 above.	<b>Action: All to note</b>	<b>JP</b>
<b>31.0 ANY OTHER BUSINESS</b>		
The Chair/Members did not raise any other business for consideration.	<b>Action: No items raised</b>	<b>Chair</b>
<b>32.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
No risks were identified from the business discussed	<b>Action: No risks identified</b>	<b>Chair</b>
<b>CONTRACT QUALITY ISSUES</b>		
<b>33.0 CQUIN YEAR END REVIEW (ALL PROVIDERS)</b>		
<b>33.1 CQUIN Q4 2016/17 – UPDATE REPORT</b>		
<p>CN referred to the paper NLCCG Commissioning for Quality and Innovation (CQUIN) Q4 2016.17 – Update report previously circulated to members.</p> <p>CN reported that the CCG’s main providers have performed relatively well against the milestones mandated for delivery in Q4 2016/17.</p> <p><b>Table 1: Provider Performance Summary for Q4</b> detailed the position update for Providers.</p> <p>CN explained the shift of focus for the 2017/18 CQUIN Scheme. A move from local CQUIN indicators to prioritising STP engagement of financial balance across local health economies.</p> <p><b>Table 3:</b> of the report summarised the risks identified by the CCG’s main providers in relation to delivery of the national CQUIN Scheme in 2017/2018.</p>	<b>Action: The CQUIN Q4 2016/17 update report was received and noted.</b>	<b>CN</b>
<b>33.2 REVIEW OF NLAG Q4 2016 – 17 CQUIN SUBMISSION – FINAL EXTERNAL RECONCILIATION REPORT</b>		
<p>CN referred to the Q4 2016/2017 CQUIN Submission – Final External Reconciliation Report.</p> <p>CN drew members’ attention to the year to date summary and recommended Q4 position.</p>	<b>Action: The Review of NLaG Q4 2016/17 CQUIN submission – Final External Reconciliation Report was received and noted.</b>	<b>CN</b>
<b>34.0 ANY OTHER BUSINESS</b>		
The Chair/Members did not raise any other business for consideration	<b>Action: No further business raised for consideration.</b>	<b>Chair</b>
<b>35.0 IDENTIFICATION OF ANY NEW RISKS FROM BUSINESS DISCUSSED</b>		
<b>33.1 - 2017/19 CQUIN Scheme RAG Position (as at June 2017) (Table 3)</b>		
<b><u>NLaG Acute</u></b>		
Achievement of the national NHS CQUIN will be particularly		

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<p>challenging to NL&amp;G, specifically in relation to achievement of the following schemes: -</p> <p>Increasing the number of e-referral slots available (part of E-referral scheme); 75% staff received flu vaccination (part of the Improving Staff Health and Wellbeing scheme).</p> <p>Reducing the use of antibiotics and increasing frequency of sepsis screening (part of the Antimicrobial resistance and Sepsis scheme).</p> <p><b><u>NLaG Community</u></b> Delivery of the 'Personalised Care and Support Planning' scheme may be challenging due to staffing pressures in that service areas.</p> <p><b><u>HEY</u></b> As with NL&amp;G, HEYHT has confirmed that national NHS CQUIN scheme will be challenging, specifically in relation to achievement of the sepsis screening target and reduction of antibiotic usage.</p> <p><b><u>RDaSH</u></b> No significant concerns identified, although the Trust does anticipate some challenges in delivering the CQUIN schemes that require close interaction with NL&amp;G, this is based on challenges identified during the 2016/17 CQUIN reconciliation process.</p> <p><b><u>EMAS</u></b> No significant concerns identified, although the Trust does anticipate some challenges in delivery due to the significant performance and financial challenges across the Trust. The Trust will adopt the 2 mandated national schemes for Ambulance Trusts and one local scheme (implementation of the electronic patient referral process).</p>	<p><b>Action: NLaG Acute; NLaG Community; HEY; RDaSH and EMAS identified as having potential risks.</b></p>	<p>Chair</p>
<b>36.0 ISSUES REFERRED FROM OTHER SUB GROUPS OF THE GOVERNING BODY</b>		
No items to report	<b>Action: No items to report</b>	
<b>37.0 ITEMS FOR INFORMATION</b>		
None	<b>Action: No items raised</b>	
<b>ANY OTHER BUSINESS</b>		
<b>38.0 URGENT ITEMS BY PRIOR NOTICE</b>		
	<b>Action:</b>	Chair
<b>39.0 DATE AND TIME OF NEXT MEETING</b>		
<p><b><u>Wednesday 26<sup>th</sup> July 2017 at 14:00</u></b> <b><u>Meeting room 2 , Health Place, Brigg</u></b></p> <p><b><i>** All members to note that Hazel Moore will chair the next meeting as CW is on annual leave.</i></b></p>	<p><b>Action: All Members to note the date, time and venue of the next meeting.</b></p> <p><b><i>**All members to note that Hazel Moore will chair the next meeting.</i></b></p>	<p>ALL TO NOTE</p> <p>ALL TO NOTE</p>