



**Minutes of the NHS North Kirklees CCG Governing Body Meeting held on  
Wednesday 5<sup>th</sup> August 2015, 9.00am – 12.00pm  
St John's Parochial Hall, Cleckheaton BD19 3RN**

**Present:**

David Kelly (DK)  
Chris Dowse (CD)  
Kiran Bali (KB)

Steve Brennan (SB)  
Joanne Crewe (JCr)  
Tony Gerrard (TG)  
Nadeem Ghafoor (NG)  
Kath Greaves (KG)  
Adnan Jabbar (AJ)  
Yasar Mahmood (YM)  
Deborah Turner (DT)

Richard Parry (RP)

**In-attendance:**

Siobhan Jones (SJ)

Pat Patrice (PP)

**Apologies:**

Andrew Cameron (AC)  
Julie Elliott (JE)

Jackie Holdich (JH)  
Khaled Naeem (KN)  
Helen Severns (HS)  
Helen Shallow (HSh)  
Matt Shepherd (MS)  
Sarah Muckle (SM)

**Minutes:**

Juline Brodie (JB)

Chair  
Chief Officer  
Patient and Public Engagement Lay  
Member  
Chief Finance Officer  
Registered Nurse Member  
Audit Lay Member  
GP Member  
Practice Nurse Member  
GP Member  
GP Member  
Head of Quality and Safety & Chief  
Nurse  
Kirklees Council

Head of Communications and  
Engagement  
Governance and Corporate Affairs  
Senior Manager

GP Member  
Quality, Performance &  
Finance Lay Member  
Head of Primary Care  
GP Member  
Head of Transformation  
Head of Finance & Contracting  
Secondary Care Consultant Member  
Consultant in Public Health

Governance Manager

**NKCCGGB/15/043      Introductions**

The Chair opened the meeting by welcoming all those in attendance to St John's Parochial Hall, Cleckheaton. DK stated that the GB wanted to ensure that GB meetings were accessible to members of the local community and future Governing Body (GB) meetings would be held in a variety of community settings. He gave a brief outline of the facilities available at St John's Parochial Hall and the various community groups and activities taking place at the center.

It was highlighted that this was a meeting in Public not a Public Meeting and questions could be raised by members of the public and will be answered accordingly as indicated on the agenda. The (GB) Members introduced themselves.

**NKCCGGB/15/044      Declarations of Interest**

TG declared an interest as a Lay Member for Greater Huddersfield Clinical Commissioning Group (GHCCG) and item 9.1 Care Closer to Home.

KG is employed by a GP Practice.

DK, NG, AJ and YM declared an interest as GPs working in practices which were members of and had shares in Curo Health Ltd and item 4.1 Strategic Discussion on Primary Care in North Kirklees.

**NKCCGGB/15/045      Unconfirmed Minutes of NHS North Kirklees CCG Governing Body Meeting held on 5<sup>th</sup> June 2015.**

**The GB**

- **was ASSURED that the minutes were a true and accurate record.**

**NKCCGGB/15/046      Live Action Sheets**

NKCCGGB/15/007 – Dementia Screening

It was NOTED that the Action was not complete and would be included on the GB agenda for 7<sup>th</sup> October 2015.

NKCCGGB/15/024 – Diabetic Retinopathy Screening

It was AGREED that KG would provide an update on the status of this action at the next meeting of the GB on 7<sup>th</sup> October 2015

**ACTION – KG to provide an update on the status of this action at the GB on 7<sup>th</sup> October 2015.**

**NKCCGGB/15/047      Matters Arising**

No issues or comments were raised.

**NKCCGGB/15/048      Patient Story – Gina's Story**

DT reported that unfortunately it was not possible to present the planned patient story on the 'Clarity Project'. Instead the GB's attention was drawn to a patient safety video

entitled 'The Human Factor: Learning from Gina's Story'  
[www.youtube.com/watch?v=IJfoLvLLOFo](http://www.youtube.com/watch?v=IJfoLvLLOFo)

The true story concerns a patient who had her leg amputated after chlorhexidine antiseptic was accidentally injected into her leg rather than a contrast medium and the devastating consequences for Gina and her family. DT described the sequence of events leading up to the incident.

DT reported that the role of the CCG, as a commissioner, was to share the learning from such events and strive for improvements. She drew attention to NHS North Kirklees Clinical Commissioning Group's (NKCCG's) commitment to the 'Sign up for Safety' pledges outlined in her Quality and Safety Report. She stressed the importance the CCG attached to patient safety and of spending time looking into never events<sup>1</sup> and undertaking root cause analyses.

The continued media focus on never events enables shared learning to take place and as an example DT shared with the GB progress made by Locala over the last 18 months to reduce the incidence of pressure ulcers and they are now being asked to present the learning across the whole of West Yorkshire.

## **NKCCGGB/15/049      Quality and Safety Report**

DT presented the Quality and Safety Report which was scrutinised and discussed in detail at the Quality, Performance and Finance Committee (QPFC) on 8<sup>th</sup> July 2015.

### CQUINs<sup>2</sup>

It was NOTED that the Mid Yorkshire Hospitals NHS Trust had fully achieved against their CQUIN scheme in a number of areas including both local and national dementia indicators, patient discharge and care of the elderly. Areas of partial achievement and resultant payment values were highlighted.

### Yorkshire Ambulance Service (YAS)

Since the publication of the paper the YAS final position in relation to CQUIN penalties would be presented to the next meeting of the QPFC. The wording of paragraph 1.5 would be amended to reflect that CQUIN penalties have been applied.

### Local Care Direct (LCD) Staffing Risk

DT advised that although QPFC were assured that they were sighted on this risk they asked to be presented with further information as it becomes available via the LCD 111 monitoring arrangements. The QPFC were NOT ASSURED that this new risk was being considered as part of broader system redesign and asked for it to be considered within future Quality Impact Assessments.

CD reported that the issue of GP recruitment had been raised at the West Yorkshire Urgent and Emergency Care Network and GHCCG, who are lead commissioners for the Local Care Direct service, are in discussions on whether the contract can be changed to have an adjusted skill mix for triaging to alleviate pressure on GP services.

DT highlighted work to develop a retained pool of GPs to provide short notice stand-in.

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<sup>1</sup> A never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

<sup>2</sup> Commission for Quality and Innovation

### Sign up to Safety Campaign.

DT highlighted the NKCCGs response to the Sign up to Safety campaign to improve safety. The NKCCG Quality Strategy sets out the strategic direction and the 5 pledges were endorsed by QPFC enabling the Chief Officer to sign the charter document pledging organisational commitment to the Sign up to Safety Charter.

DK sought assurance that the Safety Improvement Plan would be published and written in a language that the public would understand. DT reported that she would be working with the Communications Team prior to publication.

DT reported that local providers had appointed dementia Safety Champions at ward level.

DK drew attention to the NKCCG's commitment to reduce avoidable harm by 50% and asked what the current level of avoidable harm was and how it was measured. DT reported that avoidable harm spanned a collection of measures and further debate was required at QPFC to determine how progress would be assessed. KB suggested that the word 'commitment' be replaced with 'aspiration'. TG suggested that a trajectory for long term commitments was required to enable the GB to hold itself to account.

### Perinatal Mortality Surveillance Report – January to December 2013

DT referred to the first report published of perinatal<sup>3</sup>mortality. In the UK, the perinatal mortality rate falls in the 'yellow' band is upto 10% lower than the UK average. However, there is still work to do on infant mortality and this would be the focus of a future report to the GB. The NKCCG need assurance from Mid Yorkshire Hospitals NHS Trust (MYHT) that they have considered and responded to the Kirkup Report published following the events at Morecambe Bay.

CD reported that it would be useful for the GB to take a deep dive into this important issue at a future GB meeting. KG agreed and suggested it would be useful for the GB to understand the position across the wider health system.

### Fracture Liaison Service Proposed Audit Summary

DT sought to ensure that the GB were sighted on the work she was leading across the Mid Yorkshire footprint on the reasons for and prevention of falls such as bone health, environment, vitamin D deficiency and polypharmacy. Work is taking place with NHSE and the Improvement Academy to look at what improvements can be made across the whole system to prevent falls and she cited a joint project between South West Yorkshire Partnership NHS Foundation Trust and Arriva for people at risk of falls.

Discussion took place on patients presenting to primary care with vitamin D deficiency and, whilst appropriate protocols and pathways are in place, it was suggested that more could be done locally, in conjunction with public health, on prevention and raising awareness locally.

DT reported that a Falls Summit was scheduled for September and a report would then be presented to the GB after local data had been analysed.

### NHS 111 Patient Satisfaction Survey Overview

DT advised that the GB have asked for this to be considered in the next report as part of the Friends and Family Test and greater information is required to provide future assurance.

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<sup>3</sup> Perinatal – at the time of delivery

## 2014/15 Final Quality Account Receipt

DT reported that the final published 2014/15 Quality Accounts for the main NKCCG Commissioned providers had been published on NHS Choices on 30 June 2015.

JC asked if there were any plans for future overseas nurse recruitment and what the current level of retention was for overseas nurses. DT reported that MYHT had completed a recent recruitment drive in India but it was likely to be January 2016 before the recruits have completed the required transition course and preceptorship. The GB AGREED that MYHT overseas nurse recruitment and retention figures and general nurse staffing numbers would be included within the next Quality and Safety Report.

### **The GB:**

- **RECEIVED and NOTED the contents of the Quality and Safety Report**
- **Were satisfied that the paper provided ASSURANCE**

## **NKCCGGB/15/050 Chair's Report**

DK drew attention to the strategic discussion on primary care scheduled for later on the agenda and referred to the Primary Care Summit held on 21<sup>st</sup> July 2015. An open letter is to be sent to GP Practices proposing the establishment of a Members' Council to improve engagement. A number of GB members spoke of benefits they had experienced of working with similar forums. The GB AGREED that an exploratory meeting should be held with GP's to discuss this development and what functions could be delegated to a Members' Council such as the GB appointment process, strategy and financial planning. JC asked that consideration be given to widening membership to include other staff representatives.

DK encouraged members of the GB to become involved in the Care Closer to Home mobilisation. A series of work programmes are to be established and volunteers are required to ensure the success of this flagship programme.

### **The GB:**

- **RECEIVED and NOTED the contents of the Chair's Report.**

## **NKCCGGB/15/051 Chief Officer Report**

CD drew attention to the NKCCG Annual General Meeting at 1400 on 23<sup>rd</sup> September 2015 at Cleckheaton Town Hall and she said that members of the public would be most welcome to attend.

### **The GB:**

- **RECEIVED and NOTED the Chief Officer's Report for information.**

## **NKCCGGB/15/052 Strategic Discussion – Primary Care in North Kirklees**

NG provided the GB with a presentation on primary care and the current healthcare landscape. There are currently 29 practices geographically spread and whilst 7 practices have benefitted from modern PFI buildings they are not necessarily 'future proof' in terms of future transformation.

NG highlighted local population health challenges:

- increasingly elderly population suffering from chronic conditions
- cancers and heart disease improving in causing early death and being detected earlier (although 1 in 4 early deaths are due to lung cancer)
- binge drinking
- obesity
- an increasing South Asian population with 2 in 5 births and 38% of those aged under 18

NG outlined the scope and future focus within primary care on preventative measures to reduce the impact on hospital and emergency services.

NG spoke of the workforce challenges specifically affecting North Kirklees and provided statistics on the age profile of GPs and Practice Nurses.

Key points from recent patient feedback includes:

- 72% of people would be willing to travel to another practice for an urgent appointment and 59% of people would be willing to travel to another practice for a routine appointment
- 81% of people felt that practices should be open longer hours with 56% wanting both evening and weekend appointments
- Feedback on methods of consultation include 66% of patients happy to receive a consultation by phone; 42% by Skype and 35% by e-mail

Current challenges in primary care include variability in quality and access; funding and contracting; premises and infrastructure and workforce sustainability.

The key themes that had emerged at the Primary care Summit on 21 July 2015 were highlighted:

- Investment needed in developing workforce
- Better use of technology
- Open communication between all parties
- More integrated working with community provider
- Effective working with secondary care provider
- Fit for purposes flexible premises
- More collaboration between practices
- More equitable, fairer funding
- More efficient ways of working

In summarizing NG advised that the following three items were the most important in the short term:

- access – establishing a baseline to understand how capacity can be delivered
- funding – specific focus on attracting staff to North Kirklees and how resources can be used more effectively through the use of Advanced Practitioners or Physician Assistants
- using technology to make primary care more efficient.

A strategic debate took place on the main themes raised by NGs presentation.

A member of the public highlighted the benefits of School Nurses in identifying health issues in children at an early stage. DT provided ASSURANCE that whilst health surveillance in schools the role of School Nurse still existed.

A member of the public drew attention to the preventative work undertaken at the Women's Centre on Wellington Road and the fact that NKCCG and the local authority had recently withdrawn funding.

#### **NKCCGGB/15/053 Declaration of Interests Register**

PP presented the Declaration of Interests Register which had been submitted to the Governance and Corporate Affairs Committee in July 2015. The Register is published on the NKCCG website.

The following amendments were agreed:

DT to be included within Section 3

TG reported that a number of his declarations were in the wrong columns

DK and AJ to be included within Section 2

Dr V Myers to be deleted from Section 2

#### **The GB**

- **RECEIVED and ACCEPTED the Declarations of Interest Register subject to the noted amendments.**

#### **NKCCGGB/15/054 Finance and Contracting Report**

SB presented the Finance and Contracting Report and updated the GB on identified risks to the delivery of the financial position and associated mitigations and actions to offset these.

SB reported, for the first time, on the increased risk facing NKCCG to the achievement of its financial duties and in particular the required level of revenue surplus (£3.8m 1.6%). The further £2m QIPP requirement raises QIPP from £8m to £10m and whilst the CCG is forecasting to achieve £6.4m of QIPP this means a forecast shortfall of planned surplus by £1.3m. It was noted that whilst plans were in place to meet the QIPP challenge the process of implementation was challenging within the required timescale and work has begun with partner organisations to look at changing ways of working.

SB reported that monthly conversations are taking place with the NHS England (NHSE) Area Team on the financial position and in particular QIPP achievability and agreed mitigations. NKCCG is not an outlier and the CCG sector is facing increased financial pressure generally. NHSE are supportive of the CCG's plans to rectify the situation.

CD reported that QPFC were updated monthly on the financial position and would continue to receive regular updates and stressed that at the end of Q4 the CCG was assessed as being well led and the financial position was noted. CD stressed that the Area Team are supportive and recognise the financial challenge facing the CCG. CD reported that this would be a difficult year for the NHS and social care generally and the CCG were working to identify areas where financial savings could be made.

If the CCG do not meet the required level of surplus it will not be able to access the 2015/16 Quality Premium (due to be paid in 2016/17).

SB advised that regular updates are presented to QPFC and the GB AGREED that an in-depth strategic discussion should be scheduled for the meeting on 7<sup>th</sup> October 2015.

**The GB**

- **NOTED the update on the financial forecast position, QIPP<sup>4</sup>, risks and mitigation.**

**NKCCGGB/15/055**

**Monthly Performance Report**

SB explained that the information contained within the report related to March 2015 and explained that the reporting cycle would improve due to a change in frequency and timing of QPFC enabling information to flow to the GB in a more timely manner in future months.

Key highlights to note include national changes to 18 week performance regime and whilst the NHS Constitution has not changed NHSE are changing the way the standard is measured. QPFC will continue to receive data on all 3 standards but the information for the 2 standards no longer applicable will be greyed out to ensure the CCG does not lose sight of historical information. SB highlighted current under performance against this standard which will be the focus of an 18 Week Referral to Treatment Summit between MYHT and the Trust Development Authority (TDA). The number of people waiting over 18 weeks will be the primary focus and there is a piece of work taking place nationally looking at sustainability and measures to alleviate the immediate pressure.

TG expressed concern at the current RAG<sup>5</sup> ratings on page 91 of the report and in particular the number of measures showing Red and questioned whether the same level of detail was being submitted to QPFC. DT reported that the presented data was a number of months out of date and provided ASSURANCE that the information was reviewed regularly at QPFC. DT reported that further analysis was required on the endoscopy and non-endoscopy test measures and the subsequent impact on the Upper GI Pathway. DT agreed to discuss the issue with Kath Woodford, Performance Manager and Rachael Kilburn to enable the information to be scrutinised in greater detail at QPFC.

**ACTION – DT to speak to Kath Woodford and Rachael Kilburn regarding the RAG ratings.**

The GB were pleased to note that the Breast feeding performance indicator was showing as Green for the first time since 2007.

AJ reported that the Red rating for the coverage of NHS Health checks was disappointing. It was NOTED that some practices undertook more health checks last year as the level of funding was higher and may subsequently be doing less this year. This was the focus of regular discussion within primary care.

**The GB:**

- **NOTED the North Kirklees CCG Performance for the reporting period March/Q4 2015 against the key outcome and measures for 2014/15**
- **Were ASSURED that actions are being taken to address areas of under and over performance. The GB asked for further assurance that the quality**

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<sup>4</sup> Quality, Innovation, Productivity and Prevention

<sup>5</sup> Red, Amber, Green

**and experience of patients receiving treatment would be scrutinised further at QPFC.**

**NKCCGGB/15/056 Annual Accounts, Annual Report and Governance Statement**

SB reported that the Audit Committee had been given delegated authority to sign off the Annual Report and Accounts in advance of submission to NHSE. He provided ASSURANCE that all timescales had been met and the final version had been published on the website on 5<sup>th</sup> June 2015.

The GB were ASSURED that the CCG had received an unqualified audit opinion. TG reported that it was a tremendous achievement to receive an unqualified audit opinion and this was a testament to the hard work and commitment of the finance team.

SB advised that whilst the content of the report was mandated and had to comply with certain elements a simplified, easier to read version, including an Executive Summary was planned. SJ drew attention to the CCG's Prospectus stating that it may be possible to combine the two documents.

**ACTION – SJ to look at how the Annual Accounts, Annual Report and Governance Statement could be publicised.**

**The GB:**

- **Were ASSURED that the Annual Accounts, Annual Report and Governance Statement had been submitted to NHSE in accordance with the agreed timetable.**

**NKCCGGB/15/057 Risk Register**

PP presented the NKCCG Risk Register which provided details of all serious and critical risks (those scoring more than 15) held on the Risk Register following review by Risk Owners and Senior Managers. The Risk Register was approved at SMT<sup>6</sup> on 16<sup>th</sup> July 2015 and would be considered by the Audit Committee later in the day.

The GB noted that 5 new risks were identified during the current cycle, three of which scored over 15. A total of 4 risks were closed during the period; however none were identified as serious or critical risks.

There is one critical risk (scoring 20 or 25) this is the same number as at the last risk cycle. This relates to the risk that the CCG will fail to deliver its financial duties in 2015/16 as discussed as part of the Finance and Contracting item. There are 12 serious risks (scoring 15 or 16), compared to 9 such risks at the last risk cycle.

TG drew attention to risk 359 relating to the CAMHS<sup>7</sup> and the fact that this had remained static over a long period. TG reported that the GB should remain sighted on risks that had remain static over a long period so that action plans could be developed to resolve identified issues. KB said that as the Governance and Corporate Affairs Committee had met for the last time there needed to be a mechanism for members of the GB to participate in future discussion.

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<sup>6</sup> Senior Management Team

<sup>7</sup> Children and Adolescent Mental Health Service

JC asked for a target risk rating to be included within the tables within the report. DT provided assurance that the level of detail behind each risk contained target risk ratings as shown in the appendix of the report.

Discussion took place on whether the Risk Register should include risks associated with staffing levels in primary and secondary care and across the entirety of the local health and social care system. DK asked if consideration should also be given to the risks associated with not achieving transformation within primary care. PP was asked to consider whether these issues were covered within the Governing Body Assurance Framework which was due to be discussed at the GB in October 2015.

**ACTION – PP to review the Board Assurance Framework in light of comments made.**

The GB particularly liked the content, format and presentation contained within Appendix 2.

**The GB**

- **NOTED the serious and critical risks on the CCG Risk Register as at the latest reporting cycle (Cycle 2 June to August 2015/16)**

**NKCCGGB/15/058 Terms and Remuneration Committee (TaRC) Annual Report 2014/15**

KB presented the Terms and Remuneration Committee Annual report and drew the GB's attention to section 3.3 which set out the areas considered by the Committee during 2014/15. The Terms of Reference for TaRC have also been reviewed to ensure they accurately reflect the work of the Committee.

CD referred to previous concerns regarding appropriate support to the Committee. KB reported that this had not always been acceptable but recent improvements had been made particularly in relation to the consistency of support from Human Resources.

**The GB**

- **NOTED the contents of the report**
- **Were ASSURED that the Annual Report was an accurate reflection of the business conducted by the Committee during 2014/15.**

**NKCCGGB/15/059 Governing Body Work Plan**

The GB NOTED that changes had been made to the work plan to include the addition of the 'Looked After Children Report'. DT asked why 'The Looked After Children's Report' was not on the GB Agenda as it had been tabled at the June QPFC meeting. This item will be submitted to the GB in October.

**NKCCGGB/15/060 Ratified minutes of the NHS North Kirklees CCG Quality, Performance and Finance Committee held on 1<sup>st</sup> April 2015, 22<sup>nd</sup> April 2015, 13<sup>th</sup> May 2015 and 27<sup>th</sup> May 2015**

It was noted that AJ should be added to the list of attendees on 1<sup>st</sup> April 2015.

**The GB**

- **RECEIVED and NOTED the minutes of the NHS North Kirklees CCG Quality, Performance and Finance Committee held on 1<sup>st</sup> April 2015, 22<sup>nd</sup> April 2015, 13<sup>th</sup> May 2015 and 27<sup>th</sup> May 2015 subject to the amendment above.**

TG referred to the minutes of 22<sup>nd</sup> April and due to the fact that the meeting was not quorate a separate meeting took place on 11<sup>th</sup> May 2015. It was agreed that the minutes of that meeting should be presented to the GB.

**ACTION - Secretariat**

**NKCCGGB/15/061 Ratified minutes of the Health and Wellbeing Board 30<sup>th</sup> April 2015 and 28<sup>th</sup> May 2015**

**The GB**

- **RECEIVED and NOTED the minutes of the Health and Wellbeing Board held on 30<sup>th</sup> April 2015 and 28<sup>th</sup> May 2015.**

**NKCCGGB/15/062 Ratified minutes of the NHS North Kirklees Governance and Corporate Affairs Committee 4<sup>th</sup> February 2015**

**The GB**

- **RECEIVED and NOTED the minutes of the NHS North Kirklees Governance and Corporate Affairs Committee on 4<sup>th</sup> February 2015.**

It was NOTED that the minutes of the last meeting of the Governance and Corporate Affairs Committee held on 8<sup>th</sup> July 2015 would be presented for ratification to the Audit Committee.

**NKCCGGB/15/063 Ratified minutes of the NHS North Kirklees CCG Audit Committee held on 4<sup>th</sup> March 2015**

TG reported that the minutes were being resubmitted to the Governing Body following ratified amendments.

**The GB**

- **RECEIVED and NOTED the amended minutes of the NHS Kirklees Audit Committee on 4<sup>th</sup> March 2015.**

**NKCCGGB/15/064 Care Closer to Home**

An update paper on Care Closer to Home was circulated with the agenda for information.

**NKCCGGB/15/065 Annual Senior Information Risk Owner (SIRO) Report**

The annual Senior Information Risk Owner (SIRO) Report was circulated with the agenda for information.

**NKCCGGB/15/066 Policies Approved at Governance and Corporate Affairs Committee 8<sup>th</sup> July 2015**

The agenda included a list of policies which had recently been approved at the Governance and Corporate Affairs Committee and have now been made available for staff on the intranet.

**NKCCGGB/15/067 Any Urgent Business**

None raised.

**NKCCGGB/14/042**      **Date and Time of Next Meeting**

**Wednesday 7<sup>th</sup> October 2015, 2.00pm – 5.30pm**  
**Empire House, Dewsbury WF12 8DJ**

The Chair informed the GB that future dates will be published on the NKCCG website.

This concluded the content of the Governing Body meeting and the Chair declared the meeting **CLOSED** at approximately 12.15 pm.

**Chairman's Signature:** 

**Date: Wednesday 7<sup>th</sup> October 2015**

**AGREED ACTIONS**  
**NHS North Kirklees Governing Body**  
**Wednesday 5<sup>th</sup> August 2015**  
**9.00am – 12.30pm**  
**St John's Parochial Hall, Cleckheaton BD19 3RN**

<b>Agenda Item</b>	<b>Lead Name</b>	<b>Action</b>	<b>Comments</b>
<u>NKCCGGB/15/024</u> <u>Dementia Screening</u>	DT	NKCCGGB/15/007 - Dementia Screening DT agreed to investigate the discharge planning for patients with dementia and feedback to the GB in October 2015	COMPLETE. MYHT screen all patients for dementia and delirium, who are admitted acutely, age 75 years and older. If a patient has a diagnosis of dementia they would undertake the appropriate assessment. These findings are recorded the patient's medical notes with a flag used as a trigger to help the Drs when writing the discharge letters and also with coding. Plans are in place to audit this. As part of the Dementia/delirium screening CQUIN we are now required to provide a care plan to send to the GPs on discharge from hospital in relation to dementia and delirium by quarter 4.
<u>NKCCGGB/15/024</u> <u>Diabetic Retinopathy Screening</u>	KG	It was AGREED that KG would provide an update on the status of this action at the next meeting of the GB on 7 <sup>th</sup> October 2015	Update to be provided at the meeting
<u>NKCCGGB/15/055</u> <u>Monthly Performance Report</u>	DT	DT to speak to Kath Woodford and Rachael Kilburn regarding the RAG ratings.	COMPLETE. QPFC reviewed performance in light of number of indicators showing green. Remain concerned about performance but satisfied re proposed actions.

<u>NKCCGGB/15/056</u> <u>Annual Accounts, Annual Report and Governance Statement</u>	SJ	SJ to look at how the Annual Accounts, Annual Report and Governance Statement could be publicised.	COMPLETE. The annual report and accounts is published on our website. We have just held our AGM, which is a meeting in public, during which we presented our annual report and accounts (incorporating governance statement).
<u>NKCCGGB/15/057</u> <u>Risk Register</u>	PP	PP to review the Board Assurance Framework in light of comments made.	ONGOING. Board Assurance Framework currently in process of being reviewed. Meetings are scheduled with Heads of Service over next 2 months and a meeting with audit is also scheduled.
<u>NKCCGGB/15/060</u> <u>Ratified minutes of the NHS North Kirklees CCG Quality, Performance and Finance Committee</u>	JB	TG referred to the minutes of 22 <sup>nd</sup> April and due to the fact that the meeting was not quorate a separate meeting took place on 11 <sup>th</sup> May 2015. It was agreed that the minutes of that meeting should be presented to the GB.	COMPLETE – Included in GB papers for 7 <sup>th</sup> October 2015