

Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP GOVERNING BODY (PUBLIC SESSION) held on Thursday 9 October 2014 at 9.30 am in the Pavilion, Darton Community College, Ballfield Lane, Darton, Barnsley, S75 5EF.

MEMBERS PRESENT:

Dr Nick Balac (in the chair)	Chair
Ms Anne Arnold	Lay Member
Dr Clare Bannon	Member
Dr Robert Farmer	Member
Dr Mehrban Ghani	Medical Director
Dr John Harban	Member
Ms Cheryl Hobson	Chief Finance Officer
Ms Marie Hoyle	Member
Dr Sudhagar Krishnasamy	Member
Mr James Logan	Member
Dr Nick Luscombe	Member
Ms Brigid Reid	Chief Nurse
Mr Chris Ruddlesdin	Lay Member
Mr Mike Simms	Secondary Care Clinician
Mrs Lesley Smith	Interim Chief Officer

IN ATTENDANCE:

Ms Kay Morgan	Governing Body Secretary
Mr Jamie Wike	Head of Planning and Performance
Ms Kirsty Waknell	Communications

APOLOGIES:

Mrs Vicky Peverelle	Chief of Corporate Affairs
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MEMBERS OF THE PUBLIC:

Eleven Students	Darton Community College
Ms Natasha Beardmore	Project Manager
Mr Ian Coates	VIFOR Pharmacy Commissioning Support Manager
Miss Sara Hale	Boehringer Ingelheim
Mr Matthew Hammonds	HR Manager
Nadeem Ghani	Badenoch and Clark
Ms Sharon Kehoe	Interim Designated Nurse Safeguarding Adults
Mr Chris Millington	Member of the Public
Mr Steve Sullivan	Novo Nordisk
Mr Robert Timmins	NHS Outcomes Manager San
Mr Glen Watson	Member of the Public

Prior to the commencement of the meeting the Chair and Governing Body members met the students from Darton College and shared the work being done by the CCG in Barnsley.

Agenda Item	Note	Action	Deadline
GB 14/275	PATIENT STORY		
	The Chief Nurse introduced the Patient Story which reflected the experiences of a mother in the realisation and acceptance that her teenage daughter had become withdrawn, unhappy and was struggling at school despite being previously a high achiever. Professional support for her daughter was provided by her GP and school nurse with a referral to the Child and Adolescent Mental Health Services (CAMHs) when it was discovered that the child was self-harming.		
	It was recognised that the story was common, although, frequently a shock to parents. Also that Child may find it difficult to ask for help especially if subject to peer pressure and the effects of social media. Parents and GPs wanted to understand and help the children affected.		
	The Governing Body reflected that the Patient Story highlighted the need for more support to children, young people and parents at an early stage which was being picked up in the work on emotional well-being currently in progress.		
	The Governing Body noted the Patient Story. The Chairman requested the Governing Body to reflect on the Patient Story throughout the business of the meeting in particular in relation to agenda items 8, 9 and 10.		
GB 14/276	DECLARATION OF INTERESTS RELEVANT TO THE AGENDA		
	The Chairman invited declarations of interest relevant to the meeting agenda. No declarations were received.		
GB 14/277	QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS		
	The Chairman invited questions from the public.		

Agenda Item	Note	Action	Deadline
	<p>A member of the public commented that he was not assured about the provision of the stroke services by the Barnsley Hospital NHS Foundation Trust (BHNFT) and combined with the poor performance of the Yorkshire Ambulance Service (YAS) response times was even less assured.</p> <p>The Chairman advised that there were two distinct strands to this issued Stroke Services and ambulance response times. A risk around Stroke Services had been included on the CCG's Risk Register. It was noted that a new Stroke service Manager had been appointed at the BHNFT and acknowledged that nationally stroke services were under pressure. A South Yorkshire and Bassetlaw programme was underway to look at how stroke services could be improved, reconfigured and made more efficient.</p> <p>The Chief Nurse reported that the CCG was continuing to work with YAS to improve and deliver ambulance response time targets in Barnsley. The Chief Nurse and Dr Sudhagar Krishnasamy were to visit the control centre at YAS to see how ambulances were dispatched. She further explained that the most serious category of ambulance requests were 'Red1' calls. In Barnsley the majority of these calls arrived within 8 minutes 30 seconds. The Quality and Patient Safety Committee reviewed YAS performance data on a monthly basis including any breaches in patient safety; any potential for patient harm would be investigated.</p> <p>The Chairman added that performance in relation to ambulance response times was becoming a serious situation and had affected Barnsley first. NHS England had commended the CCG for the active approach taken by the CCG to try and improve performance.</p>		
	<p>The Chairman informed the Governing Body that a written question had been received following the Annual General meeting held on 18 September 2014. The Question asked for – 'A quick overview of the commissioning between, before and after the formulation of the CCG, in terms of achievement e.g. accountability. The Chairman advised that the question would be responded to in writing and shared with the Governing Body.</p>	<p>NB</p>	<p>12.11.14</p>

Agenda Item	Note	Action	Deadline
	<p>The Chairman indicated that the public could now submit written questions prior to each meeting and as result more questions than normal had been received. The following three written questions had been submitted from a member of the public attending the Governing Body Meeting:</p> <ul style="list-style-type: none"> • How is the health services for children of school age integrated between, GPs, Hospitals and schools? <p>The Chief Nurse explained that these services were coordinated by the Barnsley Children and Young People Trust. The Trust was multi agency including representation from the CCG, Social Care, Police, Head Teachers, Public Health and the Voluntary Sector. Schools and school nurses played formed an important role in this work and on an individual patient level communication was essential.</p> <p>Dr Clare Bannon commented that integrated commissioning was always considered when making decision about services for young people.</p> <ul style="list-style-type: none"> • What is the normal turnaround time for non-urgent lab tests submitted on behalf of patients by GPs? <p>In response it was highlighted that this was dependent on the type of test. Most results were received via by GPs within 24 hours, cultures may take longer. Any seriously abnormal tests identified by the laboratory were usually immediately communicated to the requesting GP. It was explained that further time was necessary to action the results depending on their clinical significance.</p> <ul style="list-style-type: none"> • How do the hospital work with district nursing when patients are discharged and receive treatment at home? <p>It noted that all referrals were to be coordinated through a care coordination centre, 'Rightcare Barnsley' from November 2014 to ensure that a request for support was directed to the best</p>		

Agenda Item	Note	Action	Deadline
	service(s) for the patient.		
	The Governing Body noted the questions from the public.		
GB 14/278	MINUTES OF THE PREVIOUS MEETING HELD ON 11 SEPTEMBER 2014		
	The minutes of the previous meeting held on 11 September were verified as a correct record of the proceedings subject to amendment of a small typographical error.		
GB 14/279	MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 18 SEPTEMBER 2014		
	The minutes of the Annual General Meeting held on 18 September 2014 were approved as a correct record of the proceedings. The Chairman commented that he had received positive comment about the style of the Annual General meeting including the opportunity for members of the public to meet informally with members of the Governing Body. It was noted that the presentation slides from the Annual General Meeting were available on the CCG's Website.		
GB 14/280	MATTERS ARISING REPORT		
	<p>The Governing Body considered the Matters Arising Report and the following main points were noted:</p> <ul style="list-style-type: none"> • GB Minute reference 14/226 - Diagnostic tests <p>The Chief Finance officer explained that 'Lorenzo' was a national patient admin/integrated care system. The BHNFT was currently installing the system with a 'go live' date of 20 October 2014. A presentation and demonstration of the system would be given at a future Governing Body Development Session.</p> <p>Dr Robert Farmer commented that some aspects of the patient admin systems in the Sheffield hospitals did not interface with GP systems in Barnsley. It was highlighted that the CCG had a commissioning stance around communication of patient information in that all providers must have</p>	CH	13.11.14

Agenda Item	Note	Action	Deadline
	<p>the capability of providing required information. It was noted that all local providers had agreed that systems must interface with each other.</p> <ul style="list-style-type: none"> Minute reference GB 14/247 & GB 14/222 – Ophthalmology <p>Dr Sudhagar Krishnasamy indicated that a bidder who had submitted a business case for ophthalmology had not yet been informed that their bid had been unsuccessful. The Chief Finance Officer responded indicating that letters had been dispatched the previous week commencing 6 October 2014.</p> Minute reference 14/226 – YAS <p>The Chairman explained that he had not written to Yorkshire Ambulance Service (YAS) to express the concerns of the Governing Body about the performance of YAS. This was because the actions put in place by the CCG had probably superseded the need for the letter. The Governing Body agreed that there was still a need for the Chairman to write to YAS but this should be done following the outcome of the visit by the Chief Nurse and Dr S Krishnasamy to the YAS control centre.</p> Minute reference GB 14/231 - Patient & Public Engagement & Patient Reference Groups <p>Mr Chris Ruddlesdin confirmed that he had drafted a letter to practices, to encourage patient engagement, development of PRGs and where appropriate participation in the Patient and Public Engagement Directly Enhanced Scheme. He and the Chairman would agree the content of the letter before circulation to practices.</p> Minute References 14/33 – ‘Eclipse Live’ & patient held records and GB 14/07 - Risk & Governance Exception Report, Innovation in Primary Care <p>Ms Marie Hoyle informed the Governing Body that these actions were now complete.</p> 	<p>NB</p> <p>CR/NB</p>	<p>13.11.14</p> <p>13.11.14</p>

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	The Governing Body noted the Matters Arising Report.		
QUALITY AND GOVERNANCE			
GB 14/281	COMMISSIONING OF CHILDREN'S SERVICES QUARTERLY MONITORING REPORT		
	<p>The Chief Nurse referred to her report and updated the Governing Body on the work that had been undertaken in the last quarter on the commissioning of Children's Health Services in Barnsley. The Governing Body noted that the key issues in relation to the commissioning of Children's Health Services had been centred on:</p> <ul style="list-style-type: none"> • The remediation of CAMHS Performance • Developing the Emotional Wellbeing offer for Children and Young People • Work to ensure effective Children's Continuing Health Care processes • The need for the development of specialised Community Paediatric Nursing input to support children with complex health care needs in schools in Barnsley • The delivery of the health input into the statutory Special Educational Needs reforms required by September 2014. • Progress the model of paediatric provision in Barnsley 		
	<p>The Chief Nurse highlighted particular issues in relation to the CAMHS Remediation work, Children's continuing Health Care Processes and model of Paediatric provision.</p> <ul style="list-style-type: none"> • CAMHS Remediation <p>CAMHS Remediation work had progressed. There was now an agreed action plan in place led by Dr Anna Lund and the new CAMHS Clinical Lead Dr Mini Pillay. The service was piloting a Single Point of Access. Do Not Attends (DNA) remained high and the reasons for this were being considered by the CAMHS Team. It was</p>		

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	<p>noted that if a child was unwell enough to be referred to CAMHs then a DNA was also a safeguarding issue. There was a focus on improving the quality of referrals via the single point of access to reduce waiting times.</p> <ul style="list-style-type: none"> Children’s Continuing Health Care <p>Recipients of Children’s Continuing Health Care had been reviewed by the first interim Lead Nurse for Children with Complex Healthcare needs, the report is awaited but no major concerns had been identified re actual care packages. A second interim Lead Nurse for Children with complex health care needs had been secured part time for 6 months to undertake the remits of Continuing Health Care, Special Educational Needs and the development of a specification for specialised Community Paediatric Nursing in schools in Barnsley.</p> <ul style="list-style-type: none"> Model of Paediatric Provision <p>It was noted that Paediatrics was part of the current KPMG sustainability review commissioned by the BHNFT and the CCG had requested input to this.</p>		
	<p>Members of the Public raised questions regarding the transition of school age CAMHS in the Autistic Spectrum Pathway and Special Needs Assessment in children of all ages. In response to the first question the Chief Nurse indicated that a new pathway led by community paediatricians was being developed to improve transition in school age CAMHS. With regard to special needs assessments, this would be coordinate from a health perspective until all avenues had been explored and join up to a child’s Education Health and Care Plan.</p>		
	<p>Discussion took place around DNAs (did not attend appointment) in particular the correlation between long waiting times and DNAs. Mr James Logan indicated that DNA occurrences should be reviewed by providers and patients. The Chief Nurse commented that for any referral there would be a period of wait and there was more that could be done in providing information and advice to patients in that time.</p>		

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	<p>The Governing Body noted the progress made and the risks highlighted.</p>		
<p>GB 14/282</p>	<p>CHILD SEXUAL EXPLOITATION UPDATE</p>		
	<p>The Chief Nurse introduced her Report which shared the briefing given to the Barnsley Safeguarding Children Board (BSCB) on 26 September 2014, with regard to Child Sexual Exploitation (CSE) activity in Barnsley following the publication of the Independent Enquiry into Child Sexual Exploitation in Rotherham at the end of August (Jay 2014). She apologised that appendix A was missing from the report and that this would be circulated to Governing Body Members.</p>	<p>BR</p>	<p>13.11.14</p>
	<p>The Chief Nurse highlighted that whilst there is evidence of CSE referrals and resulting investigations rising, they were not of the scale identified in Rotherham and there was no evidence of any gang activity either in Barnsley itself or from Rotherham into Barnsley. The BSCB has commissioned benchmarking against the Ofsted Framework and encouraged the public and all agencies to refer any concerns into Social Care.</p>		
	<p>The Chief Nurse indicated that referral figures had increased in Barnsley and this was attributed to heightened awareness by professionals and the public. The Chief Nurse tabled guidance about 'Child Sexual Exploitation – Warning Signs and Vulnerabilities Checklist. The guidance had been widely circulated. Police were also going into schools and colleges to provide guidance about CSE. It was noted that the main area of concern for the Police for the location of CSE in Barnsley was the town centre. The importance of sharing 'out of area' intelligence was noted in relation to looked after children into Barnsley. The Chief Nurse informed the meeting that the Director of Children's Services was picking this up nationally with counter parts.</p>		
	<p>A member of the public enquired as to who was ultimately responsible for Safeguarding given the multiagency approach to Safeguarding Children in Barnsley. In response it was advised that the Multiagency approach was coordinated by the BSCB. There had been investment in additional senior social</p>		

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	<p>work post for CSE to ensure that all agencies were clear that any CSE concerns should be referred directly to social care. Barnsley Private Childrens Care Homes were regulated by OFSTED. Children placed in care homes were the responsibility of the placing authority (which maybe external to Barnsley). There was also a provider forum. The CCG was sighted on CSE via the Chief Nurse, designated Doctor for Safeguarding and the Designated Nurse for Safeguarding as members of the BSCB.</p>		
	<p>The Chairman asked the Governing Body if they felt assured and comfortable with the actions being taken in respect of CSE given the current high profile of CSE. It was recognised that should there be a problem with CSE in Barnsley the media would be approaching the various agencies concerned. The Medical Director commented that should a child subject to CSE be registered with a Barnsley GP then the CCG had some responsibility. It was clarified that support visits had been undertaken and guidance distributed to practices.</p>		
	<p>Discussion took place and the following point noted</p> <ul style="list-style-type: none"> • Mr Chris Ruddlesdin commented that a major finding of the Jay Report was in relation to the non-collation of CSE incident reports. It was noted that the BCSB were considering all findings of the Jay Report, the Report of the BSCB would be submitted to the next meeting of the Governing Body on 13 November 2014. • Ms Anne Arnold referred to children at risk and indicated that it was important not to lose sight of the children deemed at low risk and also. It was noted that Barnsley children placed in other areas had been included in the OFSTED review. • Dr Sudhagar Krishnasamy highlighted that Safeguarding was everyone's business in particular there were 7 high risk CSE cases and 15 medium risk cases in Barnsley. GPs would need to be aware when children were registered at practice. 	<p>BR/SK</p>	<p>13.11.14</p>
	<p>Going forward the Chairman proposed that the governing Body received a CSE update report at each meetings and a Governing Body Development Session be arranged to challenge and seek assurances about the</p>		

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	work of the BSCB on CSE.	BR	13.11.14
	<p>The Governing Body noted the information provided in the briefing and its implications for the CCG as a partner agency of the BSCB and what further assurance from members of the BSCB could be received.</p> <p>It was agreed:</p> <ul style="list-style-type: none"> • To receive an update on CSE at every meeting of the Governing Body. • To hold a Governing Body Development Session around the work of the BSCB. 	BR BR	13.11.14 13.11.14
GB 14/283	PROGRAMME FOR EMOTIONAL WELLBEING, CHILDREN & YOUNG PEOPLE BUSINESS CASE		
	The Chief Nurse presented the Programme for Emotional Wellbeing, Children & Young People Business Case. The business case outlined the evidence, local/national background and indicative cost envelope for a comprehensive service by proposing a health led resilience programme, building on assets in Barnsley and leaving a legacy of resilience for future populations' emotional and physical wellbeing.		
	The Chief Nurse explained the four tiered levels of services nationally defined as CAMHS. The current CAMHS provider focused on Tier 3 though reference to Tier 1 and 2 was made in the service specification.		
	<p>Discussion took place and the following points were noted:</p> <ul style="list-style-type: none"> • Mentors could be assigned to support young people; however, this was dependent on young people seeking support or others for example teachers identifying this need. Ms Anne Arnold commented that stress levels were high amongst teachers and young people requiring support may not be readily identified. In addition mentoring principles should be applied across all generations and professions. • PHSE (personal, health and social education) for young people could be used more effectively to deliver messages around emotional wellbeing. 		

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	<ul style="list-style-type: none"> It was determined that although the business case had a focus on provision of tier 1 and 2 type services these services were already included within the current CAMHs service specification. The medical Director commented that it was not clear whether the CCG had held the provider to account for the provision of these services and had paid for something not provided. It was noted that the provider would have involve school nurses and health visitors in delivery of tier 1 and 2 services. <p>It was noted that CAMHs was now not in a position to provide tier 1 and 2 services due to increased demand for Tier 3 services. The CCG's had inherited the contract from the PCT; however, the current demand for service was now not comparable to some years ago where the ongoing service specification was written. The service had been redesigned around how the CCG would expect the service to operate and provide required outcomes.</p> <ul style="list-style-type: none"> The business case was about going forward providing actual services required including performance monitoring of the delivery of tier 1 and 2 services. Dr John Harban suggested that the business case and associated funding should be considered by the Health and Wellbeing Board and or via the Better care Fund. 		
	<p>The Governing Body agreed the proposal in principle subject to an understanding of costing which would be considered in private session.</p>		
<p>GB 14/284</p>	<p>QUALITY HIGHLIGHTS REPORT FOR SEPTEMBER 2014</p>		
	<p>The Chief Nurse referred to her Quality Highlights report which provided the Governing Body with the key issues from the September Quality and Patient Safety Committee including:</p>		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> • The Yorkshire Ambulance Service (YAS) Quality Issues • The AQuA (Advancing Quality Alliance) Mortality Report • Testosterone Shared Care Guidelines • Violent Patient Scheme • Duty of Candour 		
	<p>The Medical Director explained that the Barnsley Hospital NHS Foundation Trust (BHNFT) had commissioned AQuA to review the higher than normal mortality rates at the hospital. The Report did not identify any new common themes that were not already known. Although, some recommendations previously identified had not been acted upon.</p> <p>The Medical Director indicated that he intended to work with the new Medical Director at the BHNFT to reduce mortality rates. The Chief Finance Officer commented that the reduction of mortality rates would be embedded within the BHNFT contract. The Medical Director recommended that AQuA Report be circulated and read by all members of the Governing Body.</p>	MG	13.11.14
	<p>A member of the public commented that in his opinion there was a coding problem at the BHNFT. In response it was noted that the CCG had offered to run a pilot to assist with and triangulate patient information. The Chief Nurse commented that coding was only as good as the information written in hospital patient medical notes. If this was correct then accuracy of coding should follow.</p>		
	<p>The Governing Body noted the Quality Highlights Report.</p>		
GB 14/285	REGISTER OF INTERESTS		
	<p>On behalf of the Chief of Corporate Affairs the Head of Planning and Performance presented the Register of Interests to the Governing Body. It was noted that following the last Membership Council there had been a number of further declarations, however, there were still a number of members of the Membership Council who had not yet submitted their declaration of interests. The Chairman advised that the requirement for declarations to be made could be considered for inclusion within the</p>		

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	proposed Practice Delivery Agreement. Ms Anne Arnold, as Chair of the Audit Committee indicated that she would write again to those Elected Members of the Membership Council who had not yet submitted their declarations.	AA	13.11.14
	It was agreed that any amendments to the Register of Interests should be submitted to the Governing Body Secretary outside of the meeting. The Governing Body noted the Register of Interests.	All	13.11.14
GB 14/286	REGISTER OF GIFTS AND HOSPITALITY		
	The Governing Body received and noted the Register of Gifts and Hospitality.		
GB 14/287	RISK AND GOVERNANCE EXCEPTION REPORT		
	The Head of Planning and Performance on behalf of the Chief of Corporate Affairs introduced the Risk and Governance Exception Report to the Governing Body. The Governing Body noted the three risks on the Assurance Framework rated as 'red' extreme. It was noted that the risks on the Assurance Framework were to be scrutinised and reviewed by risk owners to ensure that the mitigation of the risk and gaps in control and assurance were appropriate and up to date. Ms Anne Arnold and the Head of Assurance were to meet and consider the outcome of the review.		
	With reference to the Risk Register and risk reference CCG 13/3 A&E 4 hour wait, Ms Anne Arnold commented that following consideration of agenda item 15, the Integrated Performance Report the Governing Body may wish to consider reducing the risk rating from 'red' to 'amber'.		
	The Head of Planning and Performance drew members' attention to the proposed amendments to the CCGs Constitution appended to the Report. The amendments related to the inclusion of role descriptors for all members of the Governing Body. Members were requested to submit any comments about the role descriptors to the Head of Planning and Performance within 7 days, who would collate all responses and share with the Chairman prior to submission to NHS England. It was noted that due to the recent parliamentary order	JW	13.11.14

Agenda Item	Note	Action	Deadline
	<p>allowing CCGs to form joint committees with NHSE or other CCG's, NHS England had extended the submission timescale for changes to CCG Constitutions from November to December 2014.</p> <p>There will be a requirement to amend the constitution to reflect the parliamentary order. Further guidance and clarification of the nature of this is expected from NHS England.</p>		
	<p>The Governing Body noted the Risk and Governance Report.</p>		
<p>FINANCE AND PERFORMANCE</p>			
<p>GB 14/288</p>	<p>INTEGRATED PERFORMANCE REPORT</p>		
	<p>The Chief Finance Officer and the Head of Performance and Planning presented the Integrated Performance Report to the Governing Body. The report provided the Governing Body with:</p> <ul style="list-style-type: none"> • The headline Performance Dashboard • An overview of the key risks or challenges in achieving performance indicators. • The financial position as at 31 August 2014 <p>The Chief Finance Officer indicated that out of an allocated £350m, £330m was committed to contracts and £20m related to investment primarily through the Primary Care Development Programme and by Programme Boards.</p>		
	<p>The Chief Financial Officer reported that the CCG was currently on target to meet its financial performance targets. She further indicated that there was some risk of projected overspends on healthcare contracts and prescribing. However, the projected under spend on Continuing Healthcare and Barnsley Hospital NHS Foundation Trust contract activity would alleviate some of this risk.</p>		
	<p>Contract queries in terms of activity had been issued to the Rotherham Foundation trust, Sheffield teaching hospitals NHS Foundation trust, Mid Yorkshire Hospitals</p>		

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	<p>NHS Trust and the Leeds Teaching Hospital NHS Trust. The responses to the contract queries and a forecast report from the BHNFT would inform the midyear review. The midyear review will be submitted to the meeting of the Governing Body on 13 November 2014.</p>	<p>CH</p>	<p>13.11.14</p>
	<p>With regard to Programme Boards the Chief Finance Officer informed the Governing Body that estimates of spend up to 31 March 2015 would be determined by Programme Board leads to inform the midyear review.</p>		
	<p>Discussion took place and the following points were noted:</p> <ul style="list-style-type: none"> • Ms Anne Arnold advised that in terms of financial planning she would like to know what elements of commitments and planned investment were recurrent and non recurrent. Also that Programme Boards be asked to determine their priorities. The Chief Finance Officer provided an explanation relating to recurrent and non recurrent funding and that the mid year review would be produced taking into account the expected likely spend on both recurrent and non-recurrent investments as identified by Programme leads. • • In response to a question raised the Chief Finance officer informed the Governing Body that a contract variance was likely to be issued in respect of trauma and orthopaedic activity at the BHNFT. A pattern had emerged, referrals to Barnsley had reduced but increased elsewhere resulting in an under spend for Barnsley hospital but an over spend in other hospitals. • It was highlighted that the CCG should be supporting the local hospital. However the CCG did not have control over patient choice of hospitals. It was suggested that Information could be gathered from practices to identify referral trends and patients views obtained about the choices made in hospital preference. • Dr Clare Bannon reported that she had received a request for echo referrals to be referred as heart failure to enable a quicker test. It was noted that that this would be picked up via contracting 		

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	monitoring routes and with the BHNFT's Medical Director	CH/MG	13.11.14
	<p>The Chief Finance Officer commented that alongside the midyear review, work was also being undertaken to review the format of the performance monitoring report. Heather Wells would be contacting members to request their views and ideas for the content of the Report. The Interim Chief Officer summarised, indicating that:</p> <ul style="list-style-type: none"> • Work was being undertaken to manage the contracts position and variances. • 1.5% would be held for contingency. • Time would be allocated for the Governing Body to consider the midyear review in depth and determine priorities and plan. • Review commitments to date and expenditure that would be spent before the financial year end. 		
	<p>The Head of Planning and Performance highlighted the key performance risks noting that these were similar to previous months but reported that with reference to diagnostics the numbers waiting over 6 weeks for a non obstetric ultrasound had decreased significantly last month. There had been an issue with capacity in cardiology service but there was confidence that this would improve. It was also highlighted that performance for August against the Improved Access to Psychological Therapy (IAPT) indicator was showing a significant underperformance following a period of good performance and achievement of the target in 2013/14. The Chief Finance Officer informed the Governing Body that a contract query about this had been issued to the South West Yorkshire Partnership NHS Foundation Trust. A penalty would be applied if the target was not met however it was highly likely that the target would be achieved.</p>		
	<p>The Governing Body noted that A&E performance was continuing to be good but agreed that the rating for risk reference CCG 13/3 A&E 4 hour wait should remain at its current rating 'red' to reflect the pressures faced by the hospital during winter and as a result of the ongoing reductions to the bed base.</p>		
	<p>The Governing Body noted the contents of the Integrated Performance Report including the 2014/15</p>		

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	performance to date and the adjustment to investment budgets to reflect the revised estimates of likely spend by Programme Boards.		
GENERAL			
GB 14/289	REPORT OF THE CHIEF OFFICER		
	<p>The Interim Chief Officer introduced her Report which provided the Governing Body with an update on the following issues:</p> <ul style="list-style-type: none"> • Development of the Working Together Programme • Development of Primary Care Co-commissioning • Quarter 1 Assurance • Better Care Fund Submission • Management Team – Forward Agenda 		
	<p>The Interim Chief Officer informed the Governing Body that eight CCGs, and seven acute Trusts across Mid Yorkshire, South Yorkshire and Bassetlaw and North Derbyshire and Hardwick had initiated a programme of work to collaborate on key priorities; areas where there are likely to be significant resilience risks in the system or that had the potential to impact on the quality of patient services locally. This work was being taken forward as the Working Together Programme. The Governing Body noted the Working Together Programme Update appended to the Report.</p>		
	<p>The Secondary Care Clinician queried what would happen to local hospitals if they were not providing services. It was advised that services would continue to be provided from the BHNFT premises but this could be by out of Barnsley providers. It was noted that the CCG was engaged with the BHNFT to look at options around sustainability for the Hospital.</p>		
	<p>The Interim Chief Officer advised that she would circulate information about the development of Primary Care Co-Commissioning to Governing Body members. Member's attention was drawn to appendix B of the Report which provided feedback from the CCGs first quarterly assurance meeting with NHS England. The CCGs assurance level was deemed to be 'Assured'. It</p>	LS	13.11.14

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	was noted that the Better Care Fund Plan had been approved by the Health and Wellbeing Board on 18 September 2014 and submitted for assessment and feedback to the Department of Health.		
	<p>The Governing Body note the forward look of items to be considered by the Management Team during October/November 2014. The Interim Chief Officer also reported that:</p> <ul style="list-style-type: none"> • There was an intention to explore the potential of submitting an application to be a pilot site for integrated personal commissioning. • The commissioning of CAMHs tier 4 services would be the responsibility of CCGs from April 2015. 		
	The Governing Body notes the Report of the Interim Chief Officer.		
COMMITTEE REPORTS AND MINUTES			
GB 14/290	MINUTES OF THE MEMBERSHIP COUNCIL HELD ON 30 SEPTEMBER 2014		
	The Governing Body considered the minutes of the Membership Council held on 30 September 2014. It was noted that there had been a lapse in the number of Membership Council meetings but the CCG had held two Primary Care Events which had been very well attended. The Chairman highlighted that the Membership Council had received a presentation about the development of the Practice delivery Agreement and intended investment in Primary Care.		
	The Chairman drew members' attention to minute MC 14/08 08.2 'Role of the Membership Council with the Governing Body. The role of the membership Council as defined within the CCG Constitution was to scrutinise and bring an element of challenge to the work and decisions of the Governing Body. The Chairman indicated that the agenda for the Membership Council would be restructured with information to accommodate this requirement.		
	The Governing Body noted the Minutes of the		

Agenda Item	Note	Action	Deadline
	Membership Council.		
GB 14/291	MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON 4 SEPTEMBER 2014		
	The Governing Body noted the minutes of the Finance and performance Committee held on 4 September 2014.		
GB 14/292	MINUTES OF THE QUALITY AND PATIENT SAFETY COMMITTEE HELD ON 21 AUGUST 2014		
	The Governing Body considered the minutes of the Quality and Patient Safety Committee held on 21 August 2014, noting that any more recent key patient safety quality issues had been raised in the Quality Highlights Report received at minute reference GB 14/284		
	The Chief Finance Officer agreed to determine a date for Governing Body Members to be invited to view the Pharmacy Robot at the BHNFT.		
	The Governing Body noted the minutes of the Quality and Patient Safety Committee.		
GB 14/293	MINUTES OF THE FORMAL MANAGEMENT TEAM AND ACTION LOG: <ul style="list-style-type: none"> • 3 SEPTEMBER 2014 • 17 SEPTEMBER 2014 		
	The Governing Body noted the minutes of the Management Team meetings held on 3 and 17 September 2014. The Chairman referred to minute reference FMT 03/09/11 – Child Protection Issues in Rotherham. The Report of the Barnsley Safeguarding Board about the recommendations of the Jay Report was to be submitted to the next meeting of the Governing Body on 13 November 2014. He would therefore not be writing to the Chair of the Barnsley Safeguarding Children Board to seek assurances as recorded in the minute.		
GB 14/294	QUESTIONS FROM THE PUBLIC		
	The Chairman invited further questions from the Public on Clinical Commissioning Group business.		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> • BHNFT – Recovery Plan It was advised that the Recovery Plan was now the public domain and available on the BHNFT website. • Patient Choice and Provision of Services at the BHNFT A member of the public queried that would the result of patient choice mean that some services at the BHNFT could be rendered redundant. It was clarified that the best possible service would be provided for patients from the BHNFT site. However the actual provider of services may not be the BHNFT. 		
	The Chairman thanked the college and the students for their hospitality and contribution to the meeting.		
GB 14/295	DATE AND TIME OF THE NEXT MEETING		
	The next meeting of the Governing Body will be held on Thursday 13 November 2014 at 9.30 am in the Boardroom, Hilder House 49/51 Gawber Road, Barnsley, S75 2PY		
	<p>Public Bodies (Admission to Meetings) Act 1960</p> <p>Barnsley Clinical Commissioning Group consider matters of a confidential nature and in pursuance of Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 the public be excluded during consideration of the aforementioned business</p>		