

Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP GOVERNING BODY (PUBLIC SESSION) held on Thursday 11 September 2014 at 9.30 am at the Salvation Army Hall, Straight Lane, Goldthorpe, Barnsley, S63 9DW.

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:

Mr Mike Austin	Chair of Practice Managers Group
Ms Elaine Barnes	Equality and Diversity Manager
Ms Kay Morgan	Governing Body Secretary
Mrs Vicky Peverelle	Chief of Corporate Affairs
Miss Lynne Richards	Governance Assurance & Engagement Facilitator
Ms Kirsty Waknell	Communications

APOLOGIES:

No Apologies

MEMBERS OF THE PUBLIC:

Mr Alastair Haigh	Neo Navitas
Mrs Sharon Helliwell	Member of the Public
Mr Chris Millington	Member of the Public
Mrs Kathie Sharman	Member of the Public
Mr Philip Thompson	Member of the Public
Ms Natalie Yarrow	Member of the Public

Agenda Item	Note	Action	Deadline
GB 14/244	PATIENT STORY		
	The Chief Nurse introduced the Patient Story which was an account of a son talking about his mother's care in a residential home. Through sharing the experience he and his wife had encountered when visiting the residential home one weekend, when there were not sufficient staff on duty. He highlighted the difficulties of the home, the staff and the families to ensure that their vulnerable residents are safely and compassionately cared for in a consistent way.		
	A member of the public commented that the Patient Story was everyone's nightmare of their relative in a residential home especially when assets were liquidated to pay for the required care.		
	The Medical Director indicated that staff morale and staff shortages within social care very much affected team dynamics and the care provided. Care homes were expected to have contingency plans in place around staffing to ensure care for their residents. It was noted however, that the CQC were becoming increasingly more stringent with care homes in relation to staffing		
	Ms Anne Arnold advised that Health professionals needed to be advocates for the vulnerable adults who did not have relatives to care for them.		
	The Governing Body noted the Patient Story and the Chairman requested the Governing Body to reflect on the Patient Story throughout the business of the meeting.		
GB 14/245	DECLARATION OF INTERESTS RELEVANT TO THE AGENDA		
	The Chairman invited declarations of interest relevant to the meeting agenda. It was noted that GP members may have an interest in agenda items 7 'Primary Care' and 8 Intermediate Care.		
GB 14/246	QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS		
	The Chairman invited questions from the public.		

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	<p>A member of the public highlighted the length of time it was taking for diagnostic imaging results to be sent to GPs. Discussion took place and the Chairman summarised the issues of concern as being; patient access to diagnostic tests, analysis and provision of timely results to GPs. It was noted that the BHNFT had developed an action plan to ensure that all diagnostic test results were received within 6 weeks. The Chief of Corporate Affairs agreed to look into the issues raised and report back to the next meeting of the Governing Body on 9 October 2014.</p>	VP	09.10.14
GB 14/247	MINUTES OF THE PREVIOUS MEETING HELD ON 14 AUGUST 2014		
	<p>The minutes of the previous meeting held on 14 August 2014 were verified as a correct record of the proceedings subject to the following amendment:</p> <ul style="list-style-type: none"> • Minute reference GB 14/222 Planned Care Programme Board Business Case – Optometry <p>Additional paragraph to read:</p> <p>Dr S Krishnasamy queried what process had been undertaken by the Planned Care Programme Board to inform all bidders who had submitted business cases for ophthalmology. The Chief Finance Officer to discuss the issue with Dr Krishnasamy outside of the Governing Body Meeting.</p>	CH/SK	09.10.14
GB 14/248	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"> • Minute reference GB 14/226 Risk and Governance Exception report – Yorkshire Ambulance Service (YAS) <p>The Chairman indicated that his action; to write to YAS and express the concerns of the Governing Body about the performance of YAS remained outstanding.</p>	NB	09.10.14

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	<ul style="list-style-type: none"> GB 14/133 Primary Care “Eclipse Live” implementation Scheme Ms Marie Hoyle informed the Governing Body that no further progress had been made with regard to the implementation of patient held records using the ‘Eclipse’ system. GB 14/07 Risks and Governance Exception Report Ms Marie Hoyle commented that it was important for practices to be engaged, at an early stage, with proposals for innovation in GP practices and Primary Care. GB 14/108 Report of the Chief Officer – External Verification Cancer Peer Review Visit 2014. Dr John Harban reported that the Cancer Survey had enabled all ‘green’ indicators for Barnsley. 	MH	09.10.14
	The Governing Body noted the Matters Arising Report.		
QUALITY AND GOVERNANCE			
PROGRAMME BOARD PAPERS			
GB 14/249	PRIMARY CARE: <ul style="list-style-type: none"> BARNSELY QUALITY ASSURANCE FRAMEWORK UPDATE DEVELOPMENT OF A PRACTICE DELIVERY AGREEMENT 		
	<p>The Chief of Corporate Affairs introduced her report which provided the Governing Body with:</p> <ul style="list-style-type: none"> An update on the Barnsley Quality Framework (BQF) in respect of the values attributed to the national QOF average £ per point and the implications for the Barnsley Quality Framework (BQF) payments. 		

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	<ul style="list-style-type: none"> Proposals for the development of a Practice Delivery Agreement between the CCG and each of its Member practices. 		
	<p>Barnsley Quality Framework (BQF)</p> <p>The Chief of Corporate Affairs explained that the development of the BQF scheme had been undertaken on the understanding that the funding of the BQF would be at the average rate for the national QOF of £120 per point. However, the national QOF payment rates had seen a significant increase; the England average now being £156.92 per point. The Barnsley average was higher at £165.22 per point.</p>		
	<p>The Governing Body considered the implications and principles of adopting the QOF Barnsley average rate of £165.22 per point, including financial implications which may limit phase three development of BQF during the 2014/15 financial year.</p>		
	<p>Discussion took place and the Governing Body recognised that if the CCG did not mirror the national averages then Barnsley practices may focus on achieving national QOF indicators in preference to the local focus in the BQF. In response to questions raised the Chief of Corporate Affairs clarified that:</p> <ul style="list-style-type: none"> The £ per point was also linked to weighted practice population. The Primary Care Development Programme had sufficient resources to fund the increase in BQF payments. 		
	<p>Dr Rob Farmer highlighted the logistics of undertaking the required BQF work. In particular around practice systems to prompt and record work undertaken. The chairman advised that BQF alerts could be added to practice systems and that this would also enable evidence of work completed.</p>		
	<p>Practice Delivery Agreement</p> <p>The Chief of Corporate Affairs presented the Governing Body with proposals for the development of a Practice Delivery Agreement. It had been identified that there was a fundamental need to increase or 'free up' capacity</p>		

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	<p>in Primary Care. In addition, significant investment was taking place in Primary Care targeted on a range of quality initiatives through the Barnsley Quality Framework (BQF), Year of Care Model and Innovation Fund these were complimentary to other investments in Primary Care for example local enhanced services, medicines optimisation schemes and other Programme Board initiatives.</p>		
	<p>The proposal to develop Practice Delivery Agreements (PDA) was anticipated to change practice perceptions around their investment to develop the capacity and infrastructure to deliver better quality services to their practice population through sustained investment via the PDA.</p>		
	<p>The Governing Body consider the proposal to develop a PDA and the following main points were noted:</p> <ul style="list-style-type: none"> • The first year of PDA was focussed on outcomes and it was hoped that the PDA would provide practices with the confidence to invest in workforce, skill mix and the sharing of service provision. The PDA was a high level trust agreement commissioning for outcomes, year one being a preparatory year, consideration would be given to the development of key performance indicators in year two to address the balance between governance and the high level trust agreement. • A level of funding had been derived from the residual of the £5 per head funding allocation equating to £93k. It was proposed that the investment to practices would be in two stages with 50% as an upfront enabler from 1 October 2014 and 50% upon completion with effect from 31 March 2015. • Dr J Harban raised an issue relating to infrastructure to support the PDA namely in relation to the capacity within the primary care estate. It was clarified that as practices moved towards the federated model, the existing estate would be utilised more effectively to deliver the required outcomes for the Barnsley people. The Chairman also indicated that a separate workstream would review the Primary Care estate. 		

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	<ul style="list-style-type: none"> • The Barnsley GP federation may need to apply for registration with the Care Quality Commission. • The PDA would release capacity to address tensions on GP demands in Primary Care and act as a vehicle to bring Primary Care services together and reduce inequalities • An IT Strategy would support the PDA. • The importance of engaging with the public was recognised in particular to give an indication about the success of the PDA. The CCG had also given a commitment to develop the practice Patient Reference Groups which could be utilised to ascertain the views of patients on the new ways of delivering Primary Care and the PDA. 		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the increases in the QOF payments and considered the implications for the BQF and approved an uplift to the Business Case funding for Phase 1 and Phase 2 Barnsley Quality Framework to reflect the 2013/14 QOF local Barnsley average of £165.22 per point. • Approved the proposals and supported the development of a CCG Practice Delivery Agreement through a preparatory period in 20-14/15 ready for full implementation form April 2015. 		
GB 14/250	AGEING WELL PROGRAMME BOARD – INTERMEDIATE CARE		
	<p>The Medical Director presented a set of papers about Intermediate Care. Due to the commercially sensitive nature of the documents the papers had originally been received and agreed in private session at the 14 August 2014 meeting of the Governing Body. The papers presented at the 11 September 2014 meeting share the direction of travel about the Intermediate Care Services without disclosing any commercially sensitive information.</p>		
	<p>Mr James Logan highlighted that additional work may impact on Primary Care as a result of the Intermediate Care Service. The Medical Director commented that impact of the proposed service on Primary Care would need to be monitored. However, the current</p>		

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	<p>Intermediate Care Service did not work for the people of Barnsley and a system change was required. The new service would bring care closer to home with better outcomes for the patient and be more cost effective. Dr Claire Bannon advised that a good intermediate Care Service may reduce pressures on Primary Care.</p>		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Reviewed the report and appended documents. • Noted that the Private Governing Body (August) has previously reviewed these documents in detail alongside two additional attachments which held detail contractual and financial information. • That following previous review and discussion of these documents that the agreed actions were; <ul style="list-style-type: none"> i. The specification for an intermediate care service was approved in principle including the quality outcome and impact measures. ii. It was agreed that the finance/activity model would be adopted and developed further. iii. It was agreed that the current specification for the beds identified in the specification (excluding those currently located at Mount Vernon) would be retendered or adapted. iv. It was agreed that the new specification would be issued to the existing provider and that the new service will be operating as a pilot for 2015/16 including working with the bed based providers as a single system. v. It was confirmed that the new specification would need to go out for retender in readiness for April 2016. <p>The Governing Body also agreed that the effects of the Intermediate Care Services on other partners within the system would be monitored.</p>		
<p>GB 14/251</p>	<p>PLANNED CARE PROGRAMME BOARD – CSU RESPIRATORY PROPOSAL</p>		
	<p>Dr Clare Bannon introduced her report seeking approval for up to £130k of funding for the Commissioning Support Unit to undertake a full respiratory services</p>		

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	<p>review across Barnsley, on behalf of the Planned Care Programme Board. The Planned Care Programme had identified concerns with the current provision of Respiratory Services across the district and following the review intended to recommend a model of service that may require transformation, redesign or procurement of Respiratory services to ensure that these services meet the needs of the population of Barnsley.</p>		
	<p>In response to a question raised Dr Bannon clarified that this was not an audit but rather a full review of existing respiratory services, identifying gaps in service and best practice. The outcome of the review being to provide an options appraisal to improve respiratory services which would be shared with the Governing Body. The timescales for the review and full options appraisal was by March 2015.</p>		
	<p>The Chief Finance Officer confirmed that because the CCG had an existing contract with the Commissioning Support Unit, the contract could be varied to include the review of respiratory Services and the CCG did not need to go through a procurement process for the review service. The Interim Chief officer commented that the CCG spends £5.5m on these secondary services and the review would therefore inform future commissioning intentions. It was noted that the CSU had previously led and reviewed a service at scale; this was the TB Tuberculosis Service.</p>		
	<p>Mr C Ruddlesdin commended the Patient and Public Engagement methodology which was at the heart of the review. Ms Marie Hoyle highlighted that the views of patients would be the key to the review in particular the use of the expert patient and Sound Doctor.</p>		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Approved the funding for the CSU to undertake a Respiratory Service review on behalf of the Planned Care Programme Board. • Noted that the Planned Care programme Board would endeavour to reduce costs as much as possible. 		
GB 14/252	DRAFT SERIOUS INCIDENT POLICY		

Agenda Item	Note	Action	Deadline
	<p>The Chief Nurse presented the Barnsley CCG draft Serious Incidents Policy for approval. She explained that the Policy had been reviewed to ensure that it was fit for purpose and continued to meet the needs of the organisation. The draft Policy had been agreed by the Quality and Patient Safety Committee in July 2014.</p>		
	<p>The Governing Body approved the Policy for publication on the CCG website and intranet and for immediate use.</p>		
<p>GB 14/253</p>	<p>QUALITY HIGHLIGHTS REPORT</p>		
	<p>The Chief Nurse referred to her Quality Highlights report which provided the Governing Body with the key issues from the August Quality and Patient Safety Committee including:</p> <ul style="list-style-type: none"> • Yorkshire Ambulance Service (YAS) Quality Issues • Testosterone Shared Care Guidelines • Hyper Acute Stroke Services • Mortality (HSMR & SHMI) • Nurse staffing levels in Provider Services 		
	<p>Yorkshire Ambulance Service (YAS) Quality Issues</p> <p>The Quality and Patient Safety Committee had received a breach analysis completed by YAS following concerns in relation to performance against time targets for category R1 (8 minute) and R2 (19 minute) calls in Barnsley. The breach analysis had been undertaken over a two week period in June 2014 during this time there had been no harm to patients and no serious incidents of near misses reported in the Barnsley area.</p> <p>The Quality and Patient Safety Committee had agreed that the rating for YAS risk would remain at 12, 'possible' 3 x 'major' 4 as the Committee did not find that there were grounds to increase the rating. This was not to dismiss concerns that continued poor performance could lead to patient harm and a number of additional mitigating actions had therefore been agreed by the Quality and Patient Safety Committee.</p> <p>The Chief Nurse reported that YAS had significantly inducted to the YAS call centre which was now manned</p>		

Agenda Item	Note	Action	Deadline
	<p>with both a duty clinical manager and operational duty manager.</p> <p>Mr C Ruddlesdin commented that every time an ambulance failed to arrive within the required 8 minute timeframe this should be recorded as an incident. Ms A Arnold queried whether the length of handover time from YAS to A&E had any implications on outcomes of care for the patient. The Medical Director advised that various mechanisms were being put in place to monitor quality and safety of services.</p> <p>In relation to A&E the Chief Nurse informed the Governing Body that a real time quality assurance visit had been undertaken. Subsequent to the Quality and Patient Safety Committee meeting BHNFT had agreed to set up a system to monitor YAS response times so the relationship to ultimate patient outcomes could be audited.</p> <p>The Chairman reported that the NHS England Area Team had commended the CCG for their vigilance on monitoring the quality of service provided by YAS and actions taken to improve response times for Barnsley people.</p>		
	<p>Stroke Service</p> <p>The Governing Body noted that at the end of August due to unforeseen circumstances arising from staffing issues, the BHNFT's Hyper Acute Stroke Services have been uncovered for a period of eight days and vulnerable thereafter. BHNFT had put contingencies in place to improve staffing and maintain service provision, but sustainability was queried.</p> <p>It was recognised that this issue was not confined to Barnsley and would be progressed through the Working Together South Yorkshire and Bassetlaw work stream which Dr N Balac is part of.</p> <p>Dr John Harban commented that should the situation not improve then consideration should be given to assessing a potential risk around Stroke Services for inclusion on the CCGs Risk Register.</p>		
	<p>Independent Inquiry Rotherham Child Sexual Health</p>		

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	<p>Exploitation</p> <p>The Chief Nurse drew the meetings attention to the child sexual exploitation issues related to Rotherham which were clearly in the public domain. She noted that it was important for the CCG to be fully cited on this and referred to the Jay Report into the child sexual exploitation in Rotherham, which had highlighted inadequacies within services. The chief Nurse commented that the Report was not as comprehensive as she would have expected regarding the root causes of the situation.</p> <p>The Chief Nurse outlined the structures in Barnsley for safeguarding children including the roles of the CCG, Police, and Council as members of the Safeguarding Children Board.</p> <p>A recent OFSTED inspection had not identified any immediate or serious concerns about child sexual exploitation and had commended the Barnsley Metropolitan Borough Council for their robust arrangements for children who go missing whilst in care and the level of challenge that took place at the Safeguarding Children Board.</p> <p>The chief Nurse noted that the Safeguarding Children Board would meet at the end of September 2014 and would undertake a benchmarking exercise against the Rotherham Report. The Benchmark Report and associated actions would be submitted to the Governing Body. The Chief Nurse commented that an important issue was ‘what is it that we currently don’t know?’ and therefore the importance of listening to intelligence (which may be beyond child sexual exploitation). The Rotherham inquiry had highlighted the non-action on intelligence gathering regarding Child exploitation. The Chief Officer advised that the Governing Body should not lose sight of the Chief Nurses comment and in the context of engagement; i.e. where are the voices we have not heard and about what?.</p> <p>The Chief Nurse reported that the NHS England Area Team had developed an Information Sharing Protocol to ensure that information relating to Child Exploitation could be shared as appropriate and that there was a Multiagency Child Sexual Exploitation Forum. The Chief</p>	<p>BR</p>	<p>09.10.14</p>

Agenda Item	Note	Action	Deadline
	<p>Nurse recommended the national guidance “Spotting the Signs” for everyone to read.</p> <p>Ms A Arnold highlighted that the Governing Body had heard about the robust arrangements for children in care but what about other children and how would the council extend this robustness to these children. The Chief Nurse advised that multiagency training to spot signs in schools was to be provided throughout the borough.</p> <p>The Medical Director expressed concern that Barnsley and the Dearne were in close proximity to Rotherham and there was a real need to ensure the safety of children in Barnsley. The Chairman commented that Barnsley was not an island in respect of child sexual exploitation and assurance would be required from the Safeguarding Board.</p> <p>The Chairman summarised the discussion around the Independent Inquiry into the Rotherham Child Sexual Exploitation indicating that:</p> <ul style="list-style-type: none"> • The Rotherham Report would be shared with all GB Members • A communication and guidance about child sexual exploitation would be sent to all Primary Care Health Professionals • The Governing Body would receive and consider the Barnsley Safeguarding Board’s benchmarking report and associated actions in respect of the Rotherham Independent Inquiry at the next meeting on 9 October 2014. 	<p>BR</p> <p>BR</p> <p>BR</p>	<p>09.10.14</p> <p>09.10.14</p> <p>09.10.14</p>
	<p>The Governing Body noted the Quality Highlights Report.</p>		
<p>GB 14/254</p>	<p>FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT</p>		
	<p>The Governing Body received and noted the Finance and Performance Committee Annual Report.</p>		
<p>GB 14/255</p>	<p>HUMAN RESOURCES POLICIES</p>		
	<p>The Chief of Corporate Affairs presented the following Human Resources Policies for approval by the Governing Body:</p>		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> • Equality & Diversity • Gender Reassignment • Dress Code • Professional Registration 		
	<p>The Governing Body approved the Human Resources Policies.</p>		
GB 14/256	RISK AND GOVERNANCE EXCEPTION REPORT		
	<p>The Chief of Corporate Affairs provided the Governing Body with the Risk and Governance Report which included the full Assurance Framework, full corporate Risk Register and the quarter four Assurance letter from NHS England.</p>		
	<p>With regard to the Risk Register and risk reference CCG 13/1 – ‘Non achievement of Health Care Acquired Infection Trajectory for C Difficile & MRSA’, the Medical Director confirmed that the AQUA Report had now been received and would be considered by the Quality and Patient Safety Committee.</p>		
	<p>The Chief Nurse advised that in consideration of the discussion by the Governing at minute reference GB 14/253 about child sexual health exploitation, there was a safeguarding risk already included on the Risk Register. However, in light of the Governing Body discussion and following receipt of the Barnsley Safeguarding Report about the Rotherham Inquiry by the Governing Body, the Quality and Patient Safety Committee would review this risk for appropriateness.</p>		
	<p>The Chief of Corporate Affairs agreed to update risk reference 14/7 – ‘The Performance of the Barnsley Hospital NHS Foundation Trust’s Stroke Department’ with the recent accreditation of service and submit to the Quality and patient Safety Committee for further review around capacity & sustainability of the service.</p>	VP/MG	09.1014
	<p>The Governing Body noted the Assurance Letter from NHS England and the positive messages it contained.</p>		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed that the risks on the GBAF were 		

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	<p>appropriately scored and that there was sufficient assurance that the risks were being effectively managed as at 11 September 2014</p> <ul style="list-style-type: none"> Reviewed the Corporate Risk Register, in particular the risks rated as extreme on the Risk Register Reviewed the risks escalated from the Risk Register as gaps in control against risks on the Assurance Framework. 		
FINANCE AND PERFORMANCE			
GB 14/257	INTEGRATED PERFORMANCE REPORT		
	<p>The Chief Finance Officer and the Chief of Corporate Affairs presented the revised 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 including performance against the Key Performance Indicators, along with an update on key performance issues by exception. An overview of the key risks or challenges in achieving performance indicators along with any actions being taken to improve performance. The financial position as at 31st July 2014 <p>The report also included a revised dashboard and exception report which covered the NHS constitution standards, quality indicators, key performance indicators linked to programme board performance and financial performance. This was supplemented by finance appendices A and B which provided details of achievement of financial duties and an executive summary of the financial position for the month.</p>		
	<p>It was noted that the Finance and Performance Committee received a much more detailed report containing all indicators monitored by the CCG and a detailed financial analysis to enable the Finance and performance Committee to maintain an oversight of performance and finance and provide assurance to the Governing Body.</p>		
	<p>The Chief Finance Officer drew members' attention to</p>		

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	<p>the Acute Care Contracts and the Barnsley Hospital NHS Foundation Trust. The Trust had been requested to provide a forecast in time to inform the Governing Body in September 2014 to enable the risk of the underspend to be accurately forecast.</p> <p>The Chief Finance officer identified that since completion of the Report, further information had been received which changed the position set out in the Report. In the previous week a forecast position had been received from BHNFT which will potentially increase the overall projected overspend included within the Report by a further £0.8m.</p> <p>The Report also set out the current position in respect of investment and Programme Board budgets. Since completion of the Report further work had been carried out to review plans and commitments. The conclusion of this work was that programme Boards are progressing plans to spend the remaining funding.</p> <p>The Chief Finance Officer stated that detailed information would be considered by all Programme Boards in their September meetings, in order to confirm this position and the outcomes would be reflected in Octobers report. She stated that if confirmed this would mean that the CCG's budget was fully committed.</p>		
	<p>In response to a question raised by the Chairman the Chief Finance Officer clarified that the CCG was in a better position financially as at the September 2014 in comparison to the same time in the previous financial year. Programme Boards had reinforced plans and additional business cases were expected to be submitted to the next meeting of the Governing Body on 9 October 2014. Following this any further requests for spend maybe challenging for the CCG to support. The Interim Chief Officer indicated that the CCG needed to be robust in acquiring a forecast from the BHNFT before making any further investment decisions.</p>		
	<p>The Chief of Corporate Affairs highlighted the number of performance measures which are currently rated as 'Red' or 'Amber' for the month of July 2014. The key issues were:</p> <ul style="list-style-type: none"> • Waiting times for diagnostic tests (Red) 		

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	<ul style="list-style-type: none"> • Number of 52 week Referral to Treatment Pathways Incomplete (Red) • Cancer patients being seen within 62 days from referral to treatment (Amber) • Patients being seen and treated within 62 days after being referred from a consultant (Amber) • Yorkshire Ambulance Service performance for category R1 and R2 calls, ambulance handover times and crew clear delays. 		
	A member of the public commended the excellent new governing Body dashboard within the Integrated Performance Report.		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the contents of the report including the 2014/15 performance to date and the financial position up to the end of July 2014, and the updated position reported by the Chief Finance Officer. • Considered the questions at 3.8 of the report in relation to Yorkshire Ambulance Service Performance and agreed a response to the lead commissioners to set out the position of Barnsley CCG. 		
GENERAL			
GB 14/258	REPORT OF THE CHIEF OFFICER		
	<p>The Interim Chief Officer introduced her report which provided the Governing Body with information on relevant issues not covered elsewhere on the agenda namely:</p> <ul style="list-style-type: none"> • Specialised Commissioning Yorkshire and Humber • Systems Resilience Planning 		
	<p>Specialised Commissioning Yorkshire and the Humber</p> <p>The Interim Chief Officer reported that the outcome of national discussions were awaited about the strengthening of specialised commissioning</p>		

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	<p>arrangements in particular in relation to any transfer of commissioning responsibility to CCGs.</p> <p>It was proposed that a Yorkshire and the Humber wide Specialised Commissioning Oversight Group (SCOG) should be established. The SCOG would involve Clinical Commissioners from the CCGs, South Yorkshire and Bassetlaw Area Team as responsible commissioner, the other 2 Area Teams and Strategic Clinical Networks. and ensure commissioners across Yorkshire and the Humber are appropriately engaged in the operational delivery, planning and contracting for specialised services. The inaugurate meeting of the Group will be held in September 2014 with two representatives from South Yorkshire and Bassetlaw CCGs.</p>		
	<p>Operational Resilience and Capacity Planning</p> <p>The Interim Chief Officer advised the Governing Body that Operational Resilience and Capacity Planning for 2014/15 guidance had been published on 13 June 2014. The guidance set out details of required changes to the Urgent Care Working Group to become a 'System Resilience Group' and requirements to submit an Operational Resilience and Capacity Plan to NHS England for assurance and sign off in order to receive an allocation of funding to deliver the plan.</p>		
	<p>The funding allocation available for Barnsley was £1,885,541. This funding replaced what has been known as winter monies in previous years. However, unlike in 2013/14, the monies will be made available upon successful assurance of plans. It was clarified that allocation of monies to providers was very targeted to achieving operational resilience.</p>		
	<p>Discussion took place and the Chief of Corporate Affairs agreed to pick up the issue of capacity planning for Primary Care. The Interim Chief Officer indicated that the oversight of Primary Care in the Operational Resilience and Capacity Planning had been flagged up with NHS England Local Area Team. There would be Primary Care input to the Barnsley System Resilience Group. For 2015/16 resilience in Primary Care would also be included in the Practice Delivery Agreement and practices would need to produce proposals for consideration by the System Resilience Group.</p>		

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	<p>The Interim Chief Officer reiterated her invitation for all Governing Body members to attend the CCG Management Team meetings and or identify agenda items. She further highlighted the up and coming agenda items for the Management team as:</p> <ul style="list-style-type: none"> • Review of Programme Boards • Better Care Fund Submission • Co Commissioning Agenda • Integrated Personal Budgets <p>The Interim Chief Officer reminded the governing Body about the CCGs Annual General Meeting (AGM) on Thursday 18 September 2014. There would be an opportunity for members of the Governing Body to have informal discussions with attendees at the AGM.</p>		
	<p>The Governing Body noted the Report of the Interim Chief Officer.</p>		
GB 14/259	GOVERNING BODY ASSURANCE FRAMEWORK PLAN/AGENDA TIMETABLE		
	<p>The Chief of Corporate Affairs presented the revised Governing Body Assurance Work Plan.</p>		
	<p>Ms Anne Arnold highlighted that CCG Committee Annual Reports would link into the 2014/15 CCG Annual Report and this would need to be programmed into individual CCG Committee Work Plans.</p>		
	<p>The Governing Body approved the revised Assurance Work Plan.</p>		
COMMITTEE REPORTS AND MINUTES			
GB 14/260	MINUTES OF THE QUALITY AND PATIENT SAFETY COMMITTEE HELD ON 26 JUNE 2014		
	<p>The Governing Body noted the Minutes of the Quality and Patient Safety Committee Held on 31 July 2014 for information. It was noted that key actions arising from the 21 August 2014 meeting of the Quality and Patient Safety Committee had been reported in the Quality Highlights Report received earlier in the meeting.</p>		

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GB 14/261	MINUTES OF HEALTH AND WELL BEING BOARD HELD ON 12 AUGUST 2014		
	The Governing Body noted the Minutes of the Health and Wellbeing Board held on 12 August 2014.		
GB 14/262	MINUTES OF THE FORMAL MANAGEMENT TEAM AND ACTION LOG: <ul style="list-style-type: none"> • 29 JULY 2014 • 26 AUGUST 2014 		
	The Governing Body considered the minutes of the Formal Management Team and action log held on 29 July 2014 and 26 August 2014.		
	It was noted that the Ageing Well Programme Board had agreed to remove business case – Care home Local Enhanced Scheme (LES) the 14 August Governing Body Agenda. The rationale for this related to the current capacity in Primary Care which may not be able to deliver the LES. This had also been the case with some other LES schemes.		
	Dr Clare Bannon commented that there was evidence to substantiate that the scheme had worked well in Sheffield and that potentially such a scheme could save GP time. Ms Marie Hoyle also commented that Care Homes should recognise that patients had the right to choose their own GP. It was noted that the CCG had a contract with the South West Yorkshire NHS Partnership Trust (SWYPT) to review patients in care homes.		
	The Chairman indicated that it was important not to lose sight of patients in care homes and which could be revisited by the Ageing Well Programme Board and or considered for inclusion in the Practice Delivery Agreement.		
	The Governing Body noted the minutes of the Formal Management Team and action log.		
GB 14/263	QUESTIONS FROM THE PUBLIC		
	The Chairman invited further questions from the Public on clinical Commissioning Group Business.		

Agenda Item	Note	Action	Deadline
	<p>The Governing Body were informed of the SHRINE project engaging families and carers to improve patient quality of life & medication in care homes. The Medical Director advised that the CCG had commissioned a service whereby all Patients in Barnsley care homes are reviewed on a six monthly basis. What the CCG had not done was to produce a report about the outcomes of the service and publicise this.</p>	MG	
GB 14/264	DATE AND TIME OF THE NEXT MEETING		
	<p>The next meeting of the Governing Body will be held on Thursday 9 October 2014 at 09.30 am in the Pavilion Darton Community College, Ballfield lane, Darton, Barnsley.</p>		
	<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>		