

Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP GOVERNING BODY (PUBLIC SESSION) held on Thursday 12 June 2014 at 9.30 am in the Conference Room, Carlton Community College, Royston Lane, Carlton, Barnsley S71 3EW.

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
Ms Brigid Reid	Chief Nurse
Mr Mike Simms	Secondary Care Clinician
Mr Mark Wilkinson	Chief Officer

IN ATTENDANCE:

Mr Jon Holliday	Lead Service Improvement Manager
Ms Kay Morgan	Governing Body Secretary
Mrs Vicky Peverelle	Chief of Corporate Affairs
Miss Lynne Richards	Governance, Assurance and Engagement Facilitator
Ms Kirsty Waknell	Communications & Engagement Manager

APOLOGIES:

Dr Nick Luscombe	Member
Mr Chris Ruddlesdin	Lay Member

MEMBERS OF THE PUBLIC:

Ms L Coetser-Reynolds	Account Executive NAPP
Ms Elaine Barnes	Equality and Diversity
Ms Natasha Beardmore	Emotional Wellbeing
Mr Chris Millington	Member of the Public
Mr Alaisdair Norrie	Manager, The key Safe Company

Agenda Item	Note	Action	Deadline
GB 14/155	WELCOME AND INTRODUCTIONS		
	The Chairman welcomed members of the public to the CCG's Governing Body meeting at Carlton Community College. He commented that the Governing Body were holding meetings in different locations around the borough to engage with members of the public, it was also intended in future to engage with users of meeting venues for example the students of Carlton Community College.		
GB 14/156	PATIENT STORY		
	The Chief Nurse introduced the Patient Story to the Governing Body.		
	The patient story reflected the experiences of a daughter whose mother suffered from Dementia. The story detailed how the illness had affected the family and how a dedicated trained carer had provided crucial practical support to the patient and the family.		
	Governing Body members reflected on the story. It was recognised that the story was a common example of a patient suffering from dementia and the ripple effects of this on the immediate family. Dr Robert Farmer commented that a practical personalised caring approach as opposed to a multiagency approach generally proved effective and gained the best outcomes for patients and their families.		
	Ms Marie Hoyle highlighted the work and resources of Barnsley Independent Alzheimer's and Dementia Support Service (BIADS), which provided a range of practical support services for patients and their families.		
	The Chairman commented that Barnsley was aiming to become a dementia friendly town. He requested that the Governing Body reflect on the Patient Story throughout the business of the meeting.		
GB 14/157	DECLARATION OF INTERESTS RELEVANT TO THE AGENDA		
	The Chairman requested declarations of interest relevant to the meeting agenda. No declarations were received.		

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	The Chairman made reference to the potential impact of agenda item 8 'Primary Care Development Programme Group – Presentation of Business Case for Barnsley Quality Framework' and reminded members of the CCG's Declaration of Interest Policy.		
GB 14/158	QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS		
	The Chairman invited questions from the public. A member of the public referred to the financial deficit at BHNFT. He enquired if the Governing Body had sufficient knowledge of finance and was assured about the CCGs financial position and the robustness of its financial governance arrangements.		
	It was noted that the CCG's Annual Report portrayed a story about the CCG's first year of operation, including financial accounts. There had been robust examination of the Annual Report & Accounts by the Audit Committee and Governing Body. Each member of the Audit Committee had presented sections of the Annual Report and accounts to the Governing Body demonstrating a joint ownership of the report.		
	Every Governing Body member was also required to complete finance training modules to enhance and embed understanding of NHS Finance. The Chairman indicated that he was also the Chair of the CCG's Finance and Performance Committee. Governing Body members regularly openly challenged any areas of finance. The Chairman commented that he was confident about the robust mechanisms in place to manage and monitor the CCGs finances.		
	Ms Anne Arnold, stated that a professional relationship was maintained with auditors to ensure that the CCG continued to receive independent external challenge in a vigorous way. The Chief Finance Officer indicated that the Annual Report, Annual Accounts and Governance Statement demonstrated a journey of resilience and robust governance processes. It was noted that the auditors had issued an unqualified opinion on the CCG's 2013/14 Annual Accounts.		
	The Governing Body noted the questions from Members of the Public.		

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GB 14/159	MINUTES OF THE PREVIOUS MEETING HELD ON 8 MAY 2014		
	<p>The minutes of the previous meeting held on 8 May 2014 were verified as a correct record of proceedings subject to the following amendments:</p> <p>Minute reference GB14/127 – Marginal Tariff Proposal Funding</p> <p>The Chief Officer proposed that an action be added to the minute with a completion date of September 2014. The action was to seek clarification on whether recruitment had been undertaken to the posts detailed in business cases and to request evidence of the benefits and outcomes gained from the CCG investment in the business cases.</p> <p>The Chief Finance Officer commented that evidence of spend was required for business cases, from providers via contract monitoring arrangements, before the CCG would release and transfer of funds to providers. In response to a question raised by Dr Harban she clarified that this had been discussed at the Finance and Performance Committee. The Chief Officer and Chief of Corporate Affairs agreed to look at evaluation schemes for the Winter Pressures Business Cases.</p> <p>Minute Reference GB14/131 – Primary Care Medicines Optimisation Scheme</p> <p>Fourth Paragraph, third sentence to read: The Medical Director requested that examples of where medicines cost appeared to be moving from BHNFT to Primary Care should be submitted to the Medicines Management Team for further investigation.</p>	<p>CH</p> <p>KM</p>	<p>10.07.14</p> <p>10.07.14</p>
GB 14/160	MINUTES OF THE EXTRA ORDINARY MEETING OF THE GOVERNING BODY HELD ON 3 JUNE 2014		
	The minutes of the Extra Ordinary meeting of the Governing Body held on 3 June 2014 were verified as a		

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	<p>correct record of the proceedings subject to the following amendment.</p> <p>Minute Reference EO 14/156 3.1</p> <p>Section 1 – Members practice Introduction, second paragraph</p> <p>Additional paragraph to read</p> <p>Dr Harban commented that Barnsley had previously been at the bottom of the league table with regard to cancer mortality but following development of services was now near the top of the South Yorkshire league table. In addition he had requested that the reference to the Atrial Fibrillation locally enhanced service should have included that anticoagulation treatment should be reviewed as appropriate.</p> <p>Minute Reference GB EO 12.1 KPMG ISA 260 Audit Highlights Memorandum 2-13/14.</p> <p>Second paragraph, first sentence, typographical error – and to an</p>	<p>KM</p> <p>KM</p>	<p>10.07.14</p> <p>10.07.14</p>
	<p>Minute reference GB EO 14/156 3.1 – Section 3 Progress this year</p> <p>Dr J Harban expressed concerns that YAS targets were achieve using overall performance figures which may be misleading to the public. The Chairman commented that the CCGs Annual Report covered the period 1 April 2013 to 31 March 2014 and at the time of the Extra Ordinary meeting of the Governing Body on the 3 June 2014 the 64% performance figure had not been known.</p> <p>The Chief of Corporate Affairs advised that the CCG Annual General Meeting would provide an opportunity to verbally present and appraise the public about the performance of YAS and the actions taken by the Governing Body to address this.</p>		
	<p>Minute reference GB EO 3.6 Statement as to</p>		

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	<p>Engagement Strategy.</p> <p>A summarised version of the Patient and Public Engagement Strategy suitable for sharing with the public would be produced by end of June 2014 and link into the Patient and Public Engagement Committee Annual Report. The Patient and Public Engagement Committee Annual Report would be submitted to the next meeting of the Governing Body on 10 July 2014.</p>	CR	10.07.14
	<p>The Governing Body noted the Matters Arising Report.</p>		
<p>QUALITY AND GOVERNANCE</p>			
GB 14/162	<p>PRIMARY CARE DEVELOPMENT PROGRAMME GROUP - BUSINESS CASE FOR BARNSELY QUALITY FRAMEWORK</p>		
	<p>Prior to commencement of this agenda item the Chairman reminded members of the CCGs Conflict of Interest Policy. The Business Case involved investment in Primary Care. However should investment not be made in Primary Care there was a clear risk of failure for the CCG. The focus of the quality framework was to improve outcomes for Barnsley patients.</p>		
	<p>The Chief of Corporate Affairs presented the Governing Body with a Business case for a Barnsley Quality Framework and requested agreement on appropriate level funding to progress the implementation of Phase one of the Framework.</p>		
	<p>The Chief of Corporate Affairs provided background information in relation to the development of the quality framework. The CCG had responded to the South Yorkshire and Bassetlaw Primary Care Strategy by developing a Primary Care Development Plan approved by the Governing Body in February 2014. It was noted that there had been a marked reduction in investment for Primary Care nationally and the CCG would work with practices to explore the potential of delivering Primary Care at scale including addressing inequalities and delivering improved quality.</p>		

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	<p>A Barnsley Quality Framework had been developed to enable practices to provide quality services across the range of its contracts. Tier one services provided across all practices would aim to improve quality and reduce inequalities. The Business case set out phase one (of tier one) of the Quality Framework. Phase 1 was areas that could be implemented quickly by July 2014. These were:</p> <ul style="list-style-type: none"> • QOF transition where these were seen as important to continue • the provision of patient initiation and movement of anti-coagulation to Primary Care • targeted ECG activity • End of Life Registers. <p>Phase one of the quality framework would be complemented by phases two and three during 2014/15.</p>		
	<p>The Chief of Corporate Affairs explained that a draft outline of the Quality Framework identified potential projects separated into three strands of:</p> <ul style="list-style-type: none"> • Health Promotion and prevention • Clinical Management • Patient and Public Engagement <p>Individual schemes had been aligned to these strands.</p>		
	<p>The Governing Body noted the risks of not progressing the business case, anticipated benefits qualitative and quantitative and cost estimates. The Governing Body was informed that the Primary Care Development project's Project Initiation Document (PID) had been approved by the Finance and Performance Committee as version one.</p>		
	<p>The Medical Director commended the work of Mr Jon Holliday, Lead Service Improvement Manager for coordinating the development of the Quality Framework. He proposed an additional target of 95% for the alignment of practice dementia registers and Memory Assessment Service registers. In addition, the inclusion of reference to antibiotics with regard to project 14.1 home management care plans for patients with chronic obstructive pulmonary disease.</p>		

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	The Practice Manager member informed the Governing Body that the Corporate Primis package could facilitate data capture which would measure the impact of developed services by postcode. It was advised that the Head of Planning and Performance was currently developing a business case for the Primis package.		
	The importance of monitoring and independent review of the outcomes from the business case was noted. The Chairman commented that over performance management of the quality framework may prove obstructive. A non onerous monitoring regime was required such as a Practice delivery Agreement.		
	Dr John Harban queried how the figure of £75k had been determined for ECG's. It was clarified that a number of different quotes had been received from £15 - £20 per ECG which totalled £75k. Members stated that the additional funding would help practices build capacity to undertake ECG's. The payment mechanisms for the quality framework were discussed and members determined that pump priming the process would be beneficial.		
	The Chief Officer called for future phases of this work to be more ambitious. Specifically, to supplement local member engagement with drawing on the evidence for excellent primary care from across the country. Secondly, deliver on the promise of primary care at the scale by close to 100% practice sign up, or encourage practices to federate. Finally, he thought the CCG should consider recurrent upfront investment as opposed to a piecemeal approach that may not support primary care workforce development.		
	The Governing Body approved the primary Care development Business case for a Barnsley Quality Framework and agreed level of funding available for Phase one implementation of the Framework as identified in the Business Case. Phase 1 of the Business Case but noted that more work would need to go into Phase 2 to make the project more ambitious.		
GB 14/163	STRATEGIC COMMISSIONING PLAN 2014-15		
	The Chief of Corporate Affairs introduced her report on		

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	the Strategic Commissioning Plan. The report updated the Governing Body on developments and sought approval for a submission of the revised plan by 20 June 2014.		
	Members discussed the challenging timescales for submission of the Commissioning Plan to NHS England. It was noted that further work would take place over the Summer to review/test the commissioning plans, map implications of delivering the plans and assess the sustainability of the local healthcare system. The Chief Finance Officer informed the Governing Body that system wide economic remodelling work had commenced. Also that the Strategic Commissioning Plan had been mirrored in terms of a financial plan.		
	The Chief of Corporate Affairs agreed to consider the expected shift in workforce in consequence to the Commissioning Plan. The Chairman commented that the Strategic Commissioning Plan could be further considered at the Governing Body time out session on 7 August 2014.	VP	10.07.14
	The Governing Body approved the development and amendments made to the plan following the draft submission on 4 April 2014 and approved the submission of a further draft Strategic Commissioning Plan on or before the 20 June 2014 in line with the original planning deadlines and agreed the further work identified in paragraph 3.7 took place over the summer prior to finalisation of the Plan in Autumn 2014.		
GB 14/164	PERSONAL HEALTH BUDGETS		
	The Chief Nurse presented the Policy for the Delivery of Personal Health Budgets to the Governing Body. She referred to the patient story delivered to the Governing Body in January 2014 which highlighted the benefits that personal health budgets could bring to patients and their families. Patients were able to make decisions, with support of an advisor, on the best use of their allocated budget to provide their care requirements.		
	Member's attention was drawn to the Policy Implementation Plan and associated costs. It was expected that the implementation of the Policy would be		

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	<p>cost neutral due to the transfer from traditional healthcare packages of care to personal health budgets. Although, there would be some costs associated with establishment of Personal Health Budgets for example admin support systems. The Chief Nurse agreed to reconsider and expand the paragraph relating to costs and report back to the next meeting of the Governing Body.</p>	BR	10.07.14
	<p>The Governing Body approved the Policy for the Delivery of Personal Health Budgets.</p>		
GB 14/165	<p>QUALITY HIGHLIGHTS REPORT</p>		
	<p>The Chief Nurse introduced the Quality Highlight Report which provided the Governing Body with key issues from the May Quality and Patient Safety Committee meeting, featuring:</p> <ul style="list-style-type: none"> • patient safety risks relating to Care UK and the NHS 111 Service • TB Service Review, • Update on section 117 • Preventing pressure damage work • Quality Premium 2014/15. 		
	<p>In response to a question raised by Dr Krishnasamy it was clarified that all practices now had the NHS 111 message on their phone system. It was noted that a review of the TB service would be complete within 3 months, by the end of September 2014. The review would take into account the influx of people from outside of the UK to Barnsley. Mr Jim Logan commented that the incidence TB in Barnsley appeared generally low as patients were being treated outside of the borough.</p>		
	<p>The Governing Body noted the Quality Highlights Report.</p>		
GB 14/166	<p>PATIENT SAFETY ANNUAL REPORT 2013/14</p>		
	<p>The Chief Nurse presented the Patient Safety Annual Report for 2014/15 and highlighted that the main quality issues in the CCG for 2013/14 had been:</p> <ul style="list-style-type: none"> • Incidence of Health Care Associated Infections (MRSA & C. Difficile) 		

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	<ul style="list-style-type: none"> • Lack of robust Infection Prevention and Control Support to the CCG • Failure of the A&E 95% target • Ongoing issues with several care homes • Serious Incident including Pressures Sores. 		
	<p>The Governing Body noted the significant amount of work undertaken in relation to serious incidents and the impact that this had had on the quality of patient care.</p>		
	<p>The Chief Nurse informed the Governing Body of the quality assurance visits made to ward 20 and the A&E Department at the Barnsley Hospital NHS Foundation Trust. She reported that the visit to A&E had observed that the department had had a difficult day but that the A&E Team were working well and there was good patient flow. It was noted that the A&E Department did not triage and this was being considered by the Unplanned Care Programme Board.</p>		
	<p>The Chief Nurse informed the Governing Body that Ofsted were currently undertaking a follow up review of Barnsley's Safeguarding and Looked After Children Services. The Ofsted feedback meeting would be held on 25 June 2014.</p>		
	<p>The Governing Body noted the contents of the Quality and Patient Safety Annual Report.</p>		
<p>GB 14/167</p>	<p>SUITE OF CORPORATE POLICIES</p>		
	<p>The Chief of Corporate Affairs referred to her report which requested approval of the draft Organisational Change Policy and provided an update on progress regarding the suite of corporate policies.</p>		
	<p>The Chair requested that the remaining human resources policies requiring approval should be staggered in terms of submission to the Governing Body. This would enable each policy to have appropriate consideration by the Governing Body.</p>		
	<p>The Governing Body approved the Organisational Change Policy.</p>		
<p>GB 14/168</p>	<p>TERMS OF REFERENCE – CCG COMMITTEES</p>		

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	<p>The Chief of Corporate Affairs presented the Governing Body with updated terms of reference for the:</p> <ul style="list-style-type: none"> • Audit Committee • Remuneration Committee • Finance and performance Committee • Quality and Patient Safety Committee. • Patient and Public Engagement Committee <p>She highlighted that as recommended by the Internal Audit Report – ‘Governing Body Assurance Framework’ each Committee terms of reference now included specific mention to reviewing the Assurance framework and Risk Register at each meeting of the Committee.</p> <p>The terms of reference had been recommended for approval to the Governing Body by each respective Committee. The terms of reference were presented in ‘track changes’ format to enable members of the Governing Body to note the amendments made.</p>		
	<p>The Governing Body discussed the requirement for each Committee to produce an annual report and submission of such to the Governing Body. The Chief of Corporate Affairs highlighted that it was best governance practice for committees to produce an annual report, thereby interfacing with and providing assurance to the Governing Body. It was clarified that any member of the Governing Body could attend CCG Committee meetings as required and that there was already a number of existing interface mechanisms between Committees and the Governing Body. It was agreed that in preference to Committee annual reports being submitted to future meetings of the Governing Body, a brief highlight report from each Committee would be included in the CCG’s next Annual Report.</p>		
	<p>The Governing Body approved the terms of reference for the :</p> <ul style="list-style-type: none"> • Remuneration Committee • Quality and Patient Safety Committee • Patient and Public Engagement Committee. The Governing Body noted that this Committee had a large membership and may need to be reviewed in terms of effectiveness. 		

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	<p>The Governing Body approved the following terms of reference subject to amendment:</p> <ul style="list-style-type: none"> • Audit Committee – terms of reference to state ‘The Chair of the Governing Body will be invited to attend 1 Audit Committee meeting per year’. • Finance and Performance Committee – amendment of the reference to the Senior Management Team. It was agreed that quoracy for this meeting would be 5 members including 1 officer and 1 CCG Senior manager. 	VP	10.07.14
GB 14/169	RISK AND GOVERNANCE EXCEPTION REPORT		
	<p>The Governing Body received the Risk and Governance Exception report. Members noted the new risk added to the Assurance Framework:</p> <p>Risk reference 1.5 – ‘If (with support where appropriate from the CCG) our providers cannot effectively manage the financial pressures they are facing, there is a risk that those pressures will lead to a deterioration in the quality and safety of services provided, resulting in failure to commission high quality health care that meets the needs of individuals and groups’.</p>		
	<p>Discussion took place regarding the financial position of the Barnsley Hospital NHS Foundation Trust (BHNFT). It was noted that Monitor had issued a press release about the BHNFT detailing licence and enforcement conditions. The risk would be updated to include the actions of Monitor as a gap in control for this risk.</p>	VP	10.07.14

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	<p>It was noted that the BHNFT was expected to produce a two year turnaround/recovery plan by 30 June 2014. The Chief Finance Officer advised that the financial aspects of the Recovery Plan would be considered at the contract monitoring meetings. It was highlighted that there was no formal requirement for the CCG to sign off the Recovery plan, However, from a commissioner perspective the CCG would need to be clear in terms of its expectations from the Recovery Plan. The Chief Officer agreed to contact the Chief Executive of the BHNFT to request early sight of the Recovery Plan by the CCG.</p>	MW	10.07.14
	<p>In response to concerns raised about the CCGs contract with the BHNFT the Chief Finance Officer clarified that the BHNFT were not prepared to sign a contract until the Recovery Plan was finalised and in place. It was noted that NHS England required the CCG to have signed contracts by 30 June 2014. The Chief Finance Officer advised that in the absence of a signed contract, the contract would continue to operate. The Medical Director commented that some clinicians at the BHNFT had expressed concerns regarding delivery of cost improvements a the4 BHNFT.</p>		
	<p>Dr John Harban referred to the CCG's Risk Register:</p> <ul style="list-style-type: none"> • Risk reference 14/5b – 'If Yorkshire Ambulance Service (YAS) continues to under achieve against the category A response standard of 75% within 8 minutes for Barnsley residents there is a risk that the reputation of the CCG with its stakeholders is damaged. <p>It was noted that action to address this was being progressed via contract negotiations. It was clarified that performance against the target was measured in terms of 'year to date' performance. The Chief Finance Officer advised that some assurance around monitoring the performance of YAS and this risk was provided in the Integrated Performance Report to the Governing Body.</p>		
	<p>The Governing Body noted the Risk and Governance Exception Report.</p>		
<p>FINANCE AND PERFORMANCE</p>			

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GB 14/170	INTEGRATED PERFORMANCE REPORT		
	The Governing Body received the Integrated Performance Report which provided an overview of performance of the NHS Barnsley Clinical Commissioning Group.		
	<p>The Chief Finance Officer introduced the Integrated Finance Report. The following main points were noted:</p> <ul style="list-style-type: none"> • The overall financial position for month 1 was currently not available. Contract monitoring information was available but not particularly meaningful in month one of the financial year until further data was available to enable a comparison to other months. • The CCGs Programme Board, Investment plans and financial position were noted; in particular the risk to the CCG that £8,578k of investment was presently uncommitted. It was anticipated that business cases from Programme Boards would be submitted to the next meeting of the Governing Body on 10 July 2014. The CCG would not want to be in a position of declaring additional surplus for the financial year 2014/15. 		
	<p>The Chief of Corporate Affairs highlighted the key issues from the Performance Report.</p> <ul style="list-style-type: none"> • Patients waiting for diagnostic tests <p>The Governing Body agreed that the current situation and waiting times for diagnostic tests at the Barnsley Hospital NHS Foundation Trust were unacceptable. The Chief Finance Officer agreed to start the process of looking at alternative providers.</p> <ul style="list-style-type: none"> • Patients waiting longer than 52 weeks from referral to treatment. <p>For the three patients who had waited over 52 weeks to be treated, it was noted that these related to the Sheffield hospitals an explanation for the extended waits were provided.</p>		

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	<ul style="list-style-type: none"> • Percentage patients referred with breast symptoms seen within 14 days from referral from GP. <p>The Cancer Board were to undertake a piece of work to look at improving compliance with waiting times including a campaign to raise awareness for patients to attend appointments.</p> <ul style="list-style-type: none"> • Yorkshire Ambulance Service (YAS) <p>YAS overall performance was being achieved; however the Barnsley element continues to deteriorate. This indicator would be closely monitored over the early part of 2013/14.</p> <p>The Governing Body noted appendix 1 of the report – 2013/14 Headline Performance against NHS Constitution Measures.</p>		
	<p>The Governing Body noted the Integrated Performance Report.</p>		
COMMITTEE REPORTS AND MINUTES			
GB 14/171	MINUTES OF THE AUDIT COMMITTEE HELD ON 29 MAY 2014		
	The Governing Body noted the minutes of the Audit Committee held on 29 May 2014 meeting.		
GB 14/172	MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON 1 MAY 2014		
	The Governing Body received the minutes of the Finance and Performance Committee meeting held on 1 May 2014. It was noted that a more recent meeting of the Committee had been held on 5 June 2014.		
	It was noted that the CCG had extended its current contract with Care UK. The contract value however had been reviewed and the telephone handling costs for 8 practices had been removed from the contract value.		
	MINUTES OF THE QUALITY AND PATIENT SAFETY COMMITTEE HELD ON 24 APRIL 2014		

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	The Governing Body received and noted the minutes of the Quality and Patient Safety Committee held on 24 April 2014. It was noted that the Quality Highlights Report for May 2014 had been received earlier in Governing Body meeting at minute reference GB 14/164.		
GB 14/173	MINUTES OF THE PATIENT AND PUBLIC ENGAGEMENT COMMITTEE MEETING HELD ON 1 MAY 2014		
	Minutes of the Patient and Public Engagement Committee held on 1 May 2014 were received. It was noted that Emis Web would incorporate the prescription ordering service into the Patient Partner service.		
GB 14/174	MINUTES OF THE FORMAL MANAGEMENT TEAM AND ACTION LOG HELD ON <ul style="list-style-type: none"> • 22 APRIL 2014 • 6 MAY 2014 		
	The Governing Body received and noted the minutes of the Formal Management Team held on 22 April 2014 ad 6 May 2014 including action log.		
	In response to a question raised by Dr J Harban it was advised that 'Sound Doctor' was a patient tool to self-manage long term conditions. The Communications Team would be requested to promote 'Sound Doctor' in particular via 'One Barnsley'.	VP	10.07.14
	A member of the public requested information about the LIFT Board. The Chief Finance Officer explained that a local Community Health Partnership had a number premises assets which provided accommodation for GPs and a variety of NHS/local authority services. She was, a Public Service Director member of the LIFT Board, on behalf of the CCG. As a director of the Lift Board, the Chief Finance Officer could actively contribute to the utilisation of Lift premises.		
GENERAL			
GB 14/175	REPORT OF THE CHIEF OFFICER		

Agenda Item	Note	Action	Deadline
	<p>The Chief Officer presented his report to the Governing Body providing an update on:</p> <ul style="list-style-type: none"> • Changes to the NHS Constitution • Lessons learned since the Hillsborough Disaster 		
	<p>The Governing Body approved the proposed minor changes to the CCG's Constitution and recommended them to the Membership Council. The Governing Body confirmed that system and processes for responding to major incidents had been reviewed and that robust arrangements were reflected in the CCGs plans. The CCG's Emergency Preparedness and Resilience plan had been approved by the Governing Body in January 2014</p>		
	<p>The Governing Body noted the Chief Officers report.</p>		
<p>GB 14/176</p>	<p>FURTHER QUESTIONS FROM THE PUBLIC</p>		
	<p>A member of the public enquired as to whether the Primary Care Event held on 20 May 2014 had been well attended. It was stated that around 85 GP's, practice nurses and practice managers had attended the meeting and that the CCG was pleased with the engagement of local practices in CCG development events.</p>		
<p>GB 14/177</p>	<p>DATE AND TIME OF THE NEXT MEETING</p>		
	<p>Thursday 10 July 2014 at 09.30 am at the Roundhouse Resource Centre, Laithes Crescent, Athersley, Barnsley S71 3AE</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>		