

**Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP GOVERNING BODY (PUBLIC SESSION) held on Thursday 8 May 2014 at 9.20 am in the Meeting Room, St Johns Community Centre, Church Street, Penistone, S36 6AR**

**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 (from minute reference GB 14/127)
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
Mr Mark Wilkinson	Chief Officer

**IN ATTENDANCE:**

Ms Kay Morgan	Governing Body Secretary
Mrs Vicky Peverelle	Chief of Corporate Affairs
Ms Jane Hart	Communications

**APOLOGIES:**

No Apologies

**MEMBERS OF THE PUBLIC:**

Ms Lynne Craven	Member of the Public
Mr Chris Millington	Member of the Public
Mr Steve Sullivan	Diabetes Outcome Director

The Chairman welcomed members of the Public to the Governing Body meeting at the St John's Community Centre, Penistone.

Agenda Item	Note	Action	Deadline
<b>GB 14/121</b>	<b>PATIENT STORY</b>		

Agenda Item	Note	Action	Deadline
	The Chief Nurse introduced the Patient Story to the Governing Body.		
	The story reflected the experiences of a man in his mid-sixties who developed a pressure sore following treatment in hospital for a heart attack. The pressure sore was diagnosed by his GP and treated by the District Nurse. The family complained to the Hospital about the pressure sore. Following investigation the hospital recognised that not all required checks had been undertaken to prevent the patient's pressure sore. The Hospital subsequently provided training for staff about the risk factors associated with pressure sores, to prevent reoccurrence of similar incidents for other patients		
	The Governing Body considered the learning from the Patient Story. It was noted that simple steps could have been taken whilst the patient was in hospital which would have prevented the patient's pressure sore. It was important for a holistic approach to be taken to patient care. The Chairman commented that the patient was fortunate to have a supportive proactive family acting in the best interest of the patient.		
<b>GB 14/122</b>	<b>DECLARATION OF INTERESTS</b>		
	The Chairman requested declarations of interest relevant to the meeting agenda. It was noted that items on the agenda relating to Primary Care may impact on Governing Body GP Members. The Chairman advised that it would be appropriate for all members of the Governing Body to refresh themselves on the CCG's Policy on Managing Conflicts of Interest and the Acceptance of Gifts and Hospitality.		
<b>GB 14/123</b>	<b>QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS</b>		
	The Chairman invited questions from the public on Barnsley Clinical Commissioning Group business.		
	A member of the public enquired about the local Cancer Drug Fund. It was clarified that the Cancer Drug Fund had been transferred to NHS England. It was noted that hospital consultants applied to the Cancer Drug Fund on behalf of their Patients.		

Agenda Item	Note	Action	Deadline
	<p>The Medical Director advised the meeting that patients could also submit Individual Funding Requests (IFR) for treatment to the CCG. All IFRs were evaluated against defined criteria on behalf of the CCG by a team of experts based at the NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit. The process was much quicker at providing decisions to patients in comparison to the former NHS Barnsley Primary Care Trust IFR Processes.</p>		
	<p><b>The Governing Body noted the questions from Members of the Public.</b></p>		
<b>GB 14/124</b>	<p><b>MINUTES OF THE PREVIOUS MEETING HELD ON 10 APRIL 2014</b></p>		
	<p>The minutes of the previous meeting held on 10 April 2014 were verified as a correct record of the proceedings.</p> <p>The Chief Nurse commented that with regard to minute reference GB 14/100 Commissioning of Children's Health Services, The views of the Barnsley Youth Council had been particular sought in relation to wellbeing.</p>		
<b>GB 14/125</b>	<p><b>MATTERS ARISING</b></p>		
	<p>The Governing Body received and considered the Matters Arising Report, the following main points were noted:</p>		
	<p><b>GB 14/97 Working Time Regulations Policy Including Secondary Employment</b></p> <p>The Chief of Corporate Affairs advised that Governing Body Members employed by the CCG and also self-employed in other roles should complete an 'Opt Out Agreement' Re working time regulations and submit to the CCG.</p>	<p><b>All</b></p>	<p><b>12.06.14</b></p>
	<p><b>GB 14/102 CCG Financial Plan and Full Set of Budgets</b></p> <p>The Chief Finance Officer reported that she was aware of two other CCGs who had requested a</p>		

Agenda Item	Note	Action	Deadline
	<p>return of surplus form NHS England in 2014/15. One CCG had requested £250k and received nothing and another CCG requesting £1m had received half a million. In response to a question raised the Chief Officer clarified that she was unaware of the total amounts of surplus deposited by the two CCGs with NHS England.</p>		
	<p><b>GB 14/07 Risk and Governance Exception Report</b></p> <p>The consideration of items for innovation in GP practices and Primary Care was being progressed by Mr Jon Holliday, Lead Service Development Manager, and the Practice Managers Group.</p>		
	<p><b>GB 14/12 Primary Care Access – CCG Proposal to Commission Extended GP Opening hours During Weekends.</b></p> <p>The Chief Officer reported that this action was complete. There had been low level uptake from member practices of the scheme. Publicity around the scheme had been limited to those practices providing the extended weekend opening hours. More work was required to engage other practices in the scheme</p> <p>The Chairman commented that the number of patients attending the GP extended weekend opening sessions were not great, further publicity may stimulate more attendances and prove a tipping point to gather momentum for service provision.</p>		
	<p><b>The Governing Body noted the Matters Arising Report.</b></p>		
<b>QUALITY AND GOVERNANCE</b>			
<b>GB 14/126</b>	<b>EMBEDDING FRANCIS – QUALITY HIGHLIGHTS REPORT</b>		
	<p>The Chief Nurse provided the Governing Body with a sample format report about the quality of care issues. The Quality and Patient Safety Committee were proposing to regularly advise the Governing Body of their</p>		

Agenda Item	Note	Action	Deadline
	quality monitoring work which would highlight quality of patient care issues that went beyond information contained within the Integrated Performance Report.		
	The Chief Nurse explained that the report was focussed on Keogh Review linked factors in relation to the CCG's main providers. The Governing Body favoured the proposed 'dashboard' approach to reporting. However the range of colour used for RAG rating on the dashboard must be clear and include an explanation of the applied ratings. The Chief Officer indicated that there was a need to calibrate the information considered by the CCG and Governing Body.		
	<b>The Governing Body agreed the format of the Quality Monitoring Report and to receive a monthly quality highlights Report and a profile summary of providers on a quarterly basis.</b>		
<b>GB 14/127</b>	<b>MARGINAL TARIFF PROPOSAL FUNDING</b>		
	The Chief Officer presented a proposal to the Governing Body from the Urgent Care Working Group on how to use the 70% marginal tariff funding across the Barnsley system to improve the quality of services provided to urgent care patients. The paper outlined the marginal tariff rules and philosophy, detailing the position specific to Barnsley.		
	The Chief Officer informed the Governing Body that the transitional nature of the marginal tariff payment was explained in the context of the CCG's and Health and Wellbeing Board's vision and strategy to reduce secondary care emergency activity. The value of the 70% marginal tariff in Barnsley equated to £2.4 million. The Chief Officer drew members attention to the marginal Tariff Schedule appended to the Report. The Governing Body considered the proposals to utilise the £2.4m across the system.		
	In response to a question raised about the proposals it was clarified that two schemes; the ODP in resus pilot and the SWYPFT – Psychiatric liaison had commenced. It was highlighted that business case to create a "Respiratory Hub" would require involvement by the relevant consultants as local experts in this area to arrive at a joint fully signed up proposal. It was noted that		

Agenda Item	Note	Action	Deadline
	Governing Body approval of the proposals would close the financial gap for the Barnsley Hospital NHS Foundation Trust.		
	Attention was drawn to section 3.6 of the report, Benefits Realisation, showing the evaluation of individual schemes. The benefits realisation showed that there had been an increase in weekend discharges and which could be attributed to the business cases around increased social work support, seven day therapy, psychiatric liaison and the Discharge Consultant Cover, A positive benefit had been the reduction in the non-elective excess bed days across the year showing an income saving to Barnsley CCG of £1,283,819.		
	It was highlighted that the CCG had invested in a number of business cases. Robust evaluation of business cases including qualitative and quantitative data would be requested later in the year from providers when adequate performance, impact, benefits realisation, information became available. It was noted that this may include engagement and feedback from staff. The evaluations of a number of business cases relating to urgent care would be monitored by the Urgent Care Working Group. The Chief Finance Officer indicated that the evaluation/performance requirements linked to business cases would need to be embedded within contract negotiations.		
	An action was proposed to seek clarification on whether recruitment had been undertaken to the posts detailed in businesses cases and to request evidence of the benefits and outcomes gained from the CCG investment in the business cases.	<b>CH</b>	
	The Governing Body noted the contents of the paper and approved the recommendations contained within the paper and the Marginal Tariff Schedule at Appendix 1.		
<b>GB 14/128</b>	<b>REMUNERATION COMMITTEE ANNUAL REPORT</b>		
	Ms Anne Arnold presented the Remuneration Committee Annual Report 2013-14 to the Governing Body. The report summarised the work of the Remuneration Committee for the first year of NHS Barnsley CCG.		
	Following consideration, it was agreed that the annual		

Agenda Item	Note	Action	Deadline
	report should include reference to the support provided to the Remuneration Committee by the NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit's Human Resources Team and external auditors. It was noted that there had been nine meetings of the Remuneration Committee throughout the year and not 8 as specified in the Report.	AA	12.06.14
	The Chief of Corporate Affairs commented that in future years each CCG Committee would be requested to produce their annual reports by the end of March. These annual reports would then link into the CCG's Annual Report. It was clarified that the Remuneration Committee Terms of Reference were available on the CCG's website.		
	<b>The Governing Body noted the Remuneration Committee Annual Report 2013-14.</b>		
<b>GB 14/129</b>	<b>AUDIT COMMITTEE ANNUAL REPORT</b>		
	Ms Anne Arnold introduced the Audit Committee Annual report 213-14 to the Governing Body. The Report provided a summary of the work of the Audit Committee in line with the Committee's Terms of Reference.		
	<b>The Governing Body noted the Audit Committee Annual Report 2013-14.</b>		
<b>GB 14/130</b>	<b>RISK AND GOVERNANCE EXCEPTION REPORT INCLUDING ASSURANCE FRAMEWORK 2014/15</b>		
	The Chief of Corporate Affairs provided the Governing Body with the Risk and Governing Exception report. She advised that in response to recommendations from Internal Auditors the format and content of the Governing Body Assurance Framework (GBAF) had been reviewed. Members attention was drawn to the new style GBAF.		
	It was noted that a two page 'at a glance' summary of the GBAF was to be presented at all meetings of the Governing Body. A fully detailed GBAF would be submitted to the Governing Body on a quarterly basis, with only extreme risks being reported in detail in the intervening meetings.		
	Discussion took place about the GBAF and the following		

Agenda Item	Note	Action	Deadline
	<p>main points were noted:</p> <ul style="list-style-type: none"> <li> <p><b>Risk Reference 1.1 – ‘If the CCG is unable effectively to manage the tension between BHNFT’s roles as both a partner and a provider of services to the CCG, there is a risk that the CCG will fail to work effectively with BHNFT, resulting in failure to commission high quality health care that meets the needs of individuals and group’.</b></p> <p>It was agreed that the rating for this risk be increased from a total current score of 16 to 4 x 5 = 20. A new source of assurance for this risk would be the Quality &amp; Patient Safety Highlights Report to the Governing Body. Although perceived as a CCG risk, It was expected that this risk would also be included on risk registers of respective provider organisations.</p> </li> <li> <p><b>Risk Reference 3.1 – ‘If the CCG is not sufficiently clear on where it wants to be after 5 years, there is a risk that its operational business planning will not be appropriately integrated with or aligned to its long term objectives, resulting in a failure to support BHNFT in delivering safe and sustainable local hospital services, whilst transforming the way they provide services so that they are as efficient and effective as possible for the people of Barnsley’.</b></p> <p>It was agreed that the rating for this risk be increased from a total current score of 12 to 4 x 5 = 20.</p> </li> <li> <p><b>Risk Reference 4.1 – ‘If the CCG is unable effectively to influence partners through the Health &amp; Wellbeing Board, there is a risk that the Board will not articulate a clear ‘sense of place’ (strategy for Barnsley) or develop a strong sense of mutual accountability (e.g. for the Better Care Fund), which could result in failure to deliver more joined up, higher quality, efficient and effective services for the people of Barnsley which address the priority areas in the JSNA’.</b></p> </li> </ul>		

Agenda Item	Note	Action	Deadline
	<p>It was noted the work around mutual accountability and governance arrangements for the Better Care Fund was not yet complete. It was agreed therefore that the rating for this risk would be increased from a total current score of 12 to 4 x 4 = 16.</p>		
	<p>The Governing Body also requested that a new risk reference 1.5 be added to the Governing Body Assurance Framework to recognise the potential negative impact on the quality of services commissioned by the CCG arising from financial pressures currently being experienced by Barnsley Hospital NHS Foundation Trust and Barnsley Metropolitan Borough Council.</p>		
	<p><b>The Governing Body noted the Risk and Governance Exception Report.</b></p>		
<p><b>GB 14/131</b></p>	<p><b>PRIMARY CARE MEDICINES OPTIMISATION SCHEME</b></p>		
	<p>The Medical Director and Head of Medicines Optimisation referred to their paper which provided the Governing Body with a Business Case for the NHS Barnsley 2014/15 Primary Care Practice Level Medicines Optimisation Scheme. It was proposed that the previously approved budget setting methodology would be used to set the 20-14/15 practice level budgets.</p>		
	<p>The Head of Medicines Optimisation explained that the new scheme was more challenging in terms of targets but there was a greater period of time to undertake any required work. She further clarified that there was non-recurrent capped funding of £350k available for the scheme.</p>		
	<p>Member's considered the scheme criteria appended to the report and the allocation of points and weighting to indicators. The balance of points allocated to financial targets and process type indicators was discussed and noted.</p>		
	<p>Dr John Harban raised the issue of medicines costs moving from the Barnsley Hospital NHS Foundation Trust to Primary Care. GPs were increasingly being</p>		

Agenda Item	Note	Action	Deadline
	<p>requested to prescribe high cost medicines to patients following outpatient appointments. 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. In response to Dr Harban's question it was noted that the CCGs Medicines Management Team would introduce a workstream to benchmark and monitor spend. It was also noted that the medicines management Team would support Practices with achievement of the Medicines Optimisation Scheme.</p>		
	<p>It was noted that a detailed evaluation of the scheme would be undertaken and its contribution in meeting medicine's optimisation and QIPP outcomes.</p>		
	<p>A majority decision by the Governing Body approved the Primary Care Practice Level Medicines Optimisation Scheme and level of funding. Abstentions were received from Drs Nick Luscombe and John Harban.</p>		
<b>GB 14/132</b>	<b>PRIMARY CARE SHARED CARE (SPECIALIST) MEDICINES SERVICE</b>		
	<p>The Head of Medicines Optimisation introduced a business case to the Governing Body, for a Practice Level Shared Care (Specialist) Drug Management Service. The purpose of the service was to improve the quality of primary care shared care drug management and to facilitate the appropriate transfer of patients receiving these specialist medicines from secondary to primary care management. The Governing Body considered the Principles of Shared Care and Medicines Monitoring Requirements and Rates appended to the report.</p>		
	<p>Following discussion it was noted that:</p> <ul style="list-style-type: none"> <li>• Practices would require training and support in respect of the shared care (Specialist) Drug Management Service and that this could be provided via Barnsley Education Supported Time (BEST).</li> <li>• The sample size of Practice annual audits for patients on shared care agreements, should be increased and also include patient experience.</li> </ul>		

Agenda Item	Note	Action	Deadline
	The Head of Medicines Optimisation clarified that the costs of Specialist drugs had been taken into account and Practices would not be compromised. In terms of drugs not on tariff medicines were paid on actual prescriber so some costs would move from Secondary to Primary Care.		
	The Governing Body approved the Practice level Shared Care (Specialist) Drug Management Service and level of funding for the scheme. Abstentions were received from Drs Nick Luscombe and John Harban in respect of the level of funding for the service.		
<b>GB 14/133</b>	<b>PRIMARY CARE 'ECLIPSE LIVE' IMPLEMENTATION SCHEME</b>		
	The Head of Medicines Optimisation presented a business case to the Governing Body for a 2014/15 Primary care "Eclipse Live" software implementation Scheme.		
	The Head of Medicines Optimisation informed the Governing Body that the software had a variety of functions but that a key function purchased under the scheme was its risk RADAR, which identified patients who are at risk of a medicines related event. Eighteen Barnsley Practices had volunteered to trial the software, 10 of these Practices had implemented the software and six were regularly undertaking reviews of identified high risk patients. The Governing Body noted the cost estimates and timescales for the scheme.		
	A functionality of the system facilitated patient held records. The potential to exploit this facility in conjunction with partners was recognised.		
	The Governing Body approved the business case and funding. The Governing Body also requested the Head of Medicines Optimisation to undertake a further piece of work around the implementation of patient held records in particular for dementia patients and report back to a future meeting of the Governing Body. Ms Marie Hoyle expressed an interest in being involved in the Patient held health records project.	CL/MH	
<b>GB 14/134</b>	<b>SUITE OF HUMAN RESOURCES HR POLICIES</b>		

Agenda Item	Note	Action	Deadline
	The Chief of Corporate Affairs referred to her Report and provided the Governing Body with two Human resources policies for approval; the Expenses Policy and Service Award Policy.		
	In response to a questioned raised by the Medical Director the Chief of Corporate Affairs provided clarity around subsistence costs in particular relating to night allowance and Hotel costs. The Governing Body noted that Service Award Policy enabled a public acknowledgement to staff for their NHS service. The twenty five year award of £250.00 could not be awarded retrospectively.		
	<b>The Governing Body approved the Expenses Policy and Service Award Policy.</b>		
<b>GB 14/135</b>	<b>MEDIA SUMMARY</b>		
	The Chief of Corporate Affairs provided the Governing Body with a summary of media coverage the CCG had received in the last six months of 2013/14. The last six months had seen a continual growth in media coverage of the CCG in local and national Press and radio. The coverage had been positive or neutral in tone, there had been no negative coverage.		
	The Chief of Corporate Affairs reported that the CCG was trying to improve its weekly media reports and circulate to all practices subject to obtaining the required copyright licence.		
	<b>The Governing Boy noted the Media Activity Report and approved the scope of the analysis for future reporting to include providers.</b>		
<b>GB 14/136</b>	<b>GOVERNING BODY PROGRAMME OF AGENDA ITEMS</b>		
	The Chief of Corporate Affairs presented the Governing Body Assurance Work Plan/Agenda Timetable for 2014/15. She explained that good governance required Boards and Committees to have a forward plan to receive, consider and approve a range of documents providing assurance or otherwise against risks to the delivery of the organisations objectives.		

Agenda Item	Note	Action	Deadline
	It was noted that business cases from the CCG's Programme Boards were to be included on the Governing Body Agenda Timetable. The Timetable provided members of the public with information about when the Governing Body intended to make key decisions; for example around the CCGs spending plans.		
	The Governing Body approved the Assurance Work Plan/Agenda Timetable for 2014/15.		
<b>FINANCE AND PERFORMANCE</b>			
<b>GB 14/137</b>	<b>INTEGRATED PERFORMANCE REPORT</b>		
	The Governing Body received the Integrated Performance Report which provided an overview of performance of NHS Barnsley Clinical Commissioning Group.		
	The Chief Finance Officer reported that the CCG had achieved all of its statutory financial duties, subject to year end audit. Member's attention was drawn to annex A of the Report which set out the year-end financial position for 2013/14 and was consistent with the Draft Annual Accounts submitted by the CCG to NHS England on 23 April 2014.		
	<p>The Chief of Corporate Affairs highlighted the key issues arising from the Performance Report and the following main points were noted:</p> <ul style="list-style-type: none"> <li>• Incidence of healthcare associated infection</li> </ul> <p>These indicators were not achieved at year end. A review of MRSA cases had determined no trends and that all cases were unavoidable. The CCG had exceeded its 2013/14 C. Difficile trajectory with 72 cases against a trajectory of 67.</p> <ul style="list-style-type: none"> <li>• Diagnosis rate for people with dementia.</li> </ul> <p>This indicator was positive, with over activity an actual achievement of 61.96% against a target of 60.63%.</p>		

Agenda Item	Note	Action	Deadline
	<ul style="list-style-type: none"> <li>A&amp;E Waits (all Barnsley residents not just BHNFT performance)  An improvement had been seen in A&amp;E performance. At year end the BHNFT achieved 94.36% against a target of 95%. The BHNFT had achieved the target for 7 out of 12 months.</li> <li>Patients Waiting for Diagnostic tests.  Although a problem across the year, performance had improved and was expected to be back within the required parameters.</li> <li>Yorkshire Ambulance Service (YAS)  It was noted that the performance of YAS was to be challenged and discussed in a Development Session following the Governing Body meeting.</li> </ul>		
	The Governing Body noted the Performance Dashboard information appended to the Report.		
	<b>The Governing Body noted the performance for March 2014 and the annual performance and achievement of all statutory financial targets for the CCG.</b>		
<b>GB 14/138</b>	<b>2014/15 REPORT ON BUDGETS AND DELEGATIONS</b>		
	The Chief Finance Officer referred to her Report which provided the Governing Body with the opening 2014/15 Budget Book for NHS Barnsley Clinical Commissioning Group and proposals relating to the delegation of responsibilities.		
	The Budget Book set out detailed budgets as agreed by the Governing Body in relation to the financial plan. The budgets reflected existing commitments against contracts and other budget leads, plus running costs budgets. It was noted that the headline sums for individual Programme Boards were not yet included within approved budgets. There was a requirement for more detailed plans from Programme Boards prior to release of funding from reserves.		
	The Chief Finance Officer commented that the CCG		

Agenda Item	Note	Action	Deadline
	Financial Plan was balanced through application of slippage of one quarter to all investment plans. The Budget Book would be dynamic with moves from reserves into the Budget Book as detailed proposals and business cases were approved.		
	<p><b>The Governing Body approved:</b></p> <ul style="list-style-type: none"> <li>• <b>The CCG's Budget Book</b></li> <li>• <b>The proposal to give Programme Boards delegated approval for developments up to £100k in value where these were in accordance with Commissioning Plan priorities.</b></li> </ul>		
<b>COMMITTEE REPORTS AND MINUTES</b>			
<b>GB 14/139</b>	<b>MINUTES OF THE MEMBERSHIP COUNCIL HELD ON 21 JANUARY 2014</b>		
	The Governing Body noted the Minutes of the Membership Council held on 21 January 2014.		
<b>GB 14/140</b>	<b>MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON 3 APRIL 2014</b>		
	The Governing Body considered the minutes of the Finance and Performance Committee held on 3 April 2014.		
	Issues were raised pertaining to the Out of Hours and Care UK contract. The Chief Finance Officer commented that potential to extend the existing Out of Hours Care UK contact for one year was being explored. The Chief Nurse indicated that this would be an opportunity to reinforce the need for practice to use the NHS 111 Service. It was noted that 8 Practice answer phone messages did not direct patients to the NHS 111 Service. Some Practices had opted out of using NHS 111 and others had experienced difficulties with their telephone systems and change of answer phone message.		
	<b>The Governing Body noted the minutes of the Finance and Performance Committee held on 3 April 2014.</b>		

Agenda Item	Note	Action	Deadline
<b>GB 14/141</b>	<b>MINUTES OF THE QUALITY AND PATIENT SAFETY COMMITTEE HELD ON 27 MARCH 2014</b>		
	The Governing Body noted the minutes of the Quality and Patient Safety Committee held on 27 March 2014.		
	Issues regarding D1's patient hospital discharge letters and medications were highlighted. The Medical Director indicated that any medication incidents could be reported to the Quality Team, and or Medicines Optimisation Team. The Quality and Patient Safety Committee considered medication trends and the Medicines Optimisation Team had links to the Barnsley Hospital NHS Foundation Trust to investigate issues as appropriate. The Area Prescribing Committee also played an important role with regard to management of medicines.		
	The Chairman commented that the reporting of issues about D1 letters and medication by Practices to the CCG could be included in the new Primary Care Quality Outcomes Framework. The Chief Nurse indicated that she was trying to establish a repository to receive concerns from Primary Care relating to patient safety and or quality issues. It was noted that the Clinical Senate would try and address such issues as IT improvements to speed up Consultant ward rounds, D1's hospital discharge letters and integration with Primary care systems.		
	<b>The Governing Body notes the minutes of the Quality and Patient Safety Committee.</b>		
<b>GB 14/142</b>	<b>MINUTES OF THE HEALTH AND WELL BEING BOARD HELD ON 1 APRIL 2014</b>		
	The Governing Body noted the minutes of the Health and Well Being Board held on 1 April 2014.		
<b>GB 14/143</b>	<b>MINUTES OF THE FORMAL MANAGEMENT TEAM AND ACTION LOG HELD ON 25 MARCH AND 8 APRIL 2014</b>		
	The Governing Body noted the minutes of the Formal Management Team held on 25 March and 8 April 2014.		

Agenda Item	Note	Action	Deadline
<b>GENERAL</b>			
<b>GB 14/144</b>	<b>REPORT OF THE CHIEF OFFICER</b>		
	<p>The Chief Officer presented his report to the Governing Body which provided an update on the following issues:</p> <ul style="list-style-type: none"> <li>• CSU Merger</li> <li>• NHS Confederation : 2015 Challenge</li> <li>• Review of better Care Fund Submission</li> <li>• 'our Future Council'</li> </ul>		
	<p>Discussion took place about the merger of North Yorkshire and Humber Commissioning Support Unit (CSU) and West and South Yorkshire and Bassetlaw CSU. The CSU was advocating that one organisation will be beneficial to its CCG clients. The merger would enable the CSU to enhance service offers and provide benefit of greater efficiencies and still offer local solutions with 'at scale' savings.</p>		
	<p>It was queried how the merger would impact upon the CCG. The Chief Finance officer reported that an announcement about the merger was expected in the next couple of weeks. No information had been issued regarding the impact of the merger. However, the reaction from CCG's was to retain a local focus and context for their respective organisations.</p>		
	<p>It was noted that the CCG would be able to draw on the learning from monitoring of the Yorkshire Ambulance Service. In particular about how the CCG protected its interests within larger organisations.</p>		
	<p>The CCG's current contract with the CSU expired in September 2014. The CCG would explore all available options and collaborations to secure the required Commissioning support/back office functions for the CCG. The CSU mergers were being driven by NHS England to secure a place on the Lead Provider Framework. and eligibility for future CSU contracts.</p>		
	<p><b>The Governing Body noted the Report of the Chief Officer.</b></p>		
<b>GB 14/145</b>	<b>QUESTIONS FROM THE PUBLIC</b>		

Agenda Item	Note	Action	Deadline
	The Chairman invited any further questions from Members of the Public. A Member of the Public indicated that from a patient experience perspective she would be happy to be involved in the Barnsley 'House of Care' project which was linked to the work of the Promoting Independence Programme Board.		
<b>GB 14/146</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	The next meeting of the Governing Body will be held on Thursday 12 June 2014 at 9.30am in the Conference Room, Carlton Community College, Royston Lane, Carlton, Barnsley S71 3EW		

ADOPTED