



Barnsley Clinical Commissioning Group

Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP GOVERNING BODY (PUBLIC SESSION) held on Thursday 10 October 2013 at 9.30am in the St Johns Community Centre, Church Street, Penistone S36 6AR.

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
Mr James Logan	Member
Dr Nick Luscombe	Member
Dr Sudhagar Krishnasamy	Member
Ms Brigid Reid	Chief Nurse
Mr Chris Ruddlesdin	Lay Member
Mr Mike Simms	Secondary Care Doctor
Mr Mark Wilkinson	Chief Officer

IN ATTENDANCE:

Ms Kay Morgan	Governing Body Secretary
Mrs Vicky Peverelle	Head of Corporate Affairs
Mr Richard Staniforth	Lead Pharmacist
Ms Kirsty Waknell	Communications and Engagement Manager

APOLOGIES:

Ms Marie Hoyle	Member
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MEMBERS OF THE PUBLIC

Ms Erica Cross	RBM (Cambridge Cognition)
Mr Michael Edwards	Account Manager Pfizer
Ms Penny Fariman	Regional Account Manager
Mr Chris Millington	Member of the Public
Mr James Nicolls	BDM
Ms Kate Phillips	Key Account Manager Almirall
Mrs Alison Salt	Head of Non Acute Contracts Barnsley CCG
Mr Mark Saunders	Account Manager AZ Astra Zeneca

The Chairman welcomed members of the public to the meeting.

The Chairman explained that the CCG had an aspiration to achieve exemplar status in Public Engagement and wished to connect with the people of Barnsley. Future meetings of the Governing Body will therefore be held in different areas and venues around the Barnsley Borough, to attract attendance of the public at these meetings. The 14 November 2013 meeting of the Governing Body would be held at the Salvation Army Hall, Straight Lane, Goldthorpe, S63 9DW and the 12 December meeting at the Priory Campus, 206 Pontefract Rd Lundwood Barnsley, South Yorkshire S71 5PN.

Agenda Item	Note	Action	Deadline
GB 13/204	DECLARATION OF INTERESTS		
	There were no declarations of interest relevant to the agenda.		
GB 13/205	QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS		
	The Chairman invited questions from the public on Barnsley Clinical Commissioning Group Business. Mr Millington enquired about 'did not attend for appointment' (DNA) statistics and winter plans for general practices.		
	It was clarified that each practice collected the number of DNAs occurring within their practice and displayed these statistics for information to patients. The CCG did not collectively capture DNA rates for practices across Barnsley.		
	With regard to winter plans for GPs, the Medical Director indicated that each practice had internal mechanisms in place to deal with winter pressures. The Head of Corporate Affairs informed the meeting that the CCG had reviewed the winter plans of local providers and provided assurance about the robustness of these plans to NHS England. In addition the CCG would oversee the winter plans and ensure escalation of the plans when required.		
	The Chairman thanked Mr Millington for his contribution to the meeting.		
GB 13/206	MINUTES OF THE PREVIOUS MEETING 12 SEPTEMBER 2013		
	The minutes of the previous meeting held on 12 September 2013 were approved as a correct record		

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	<p>of the proceedings subject to the following amendment:</p> <ul style="list-style-type: none"> • Minute reference GB 13/180 Business Cases for Winter Planning 2013/14 <p>Inclusion of the Emergency Care Intensive Support Team (ECIST) action plan and submission to the Clinical Senate.</p> <ul style="list-style-type: none"> • Minute reference GB 13/184 BHNFT Business Cases <p>Second paragraph, first sentence, typo, to read:</p> <p>The Governing Body were informed that as part of the contract agreement with BHNFT for 2013/14 a sum of up to £3m was made available, non-recurrently, to support jointly developed and agreed plans.</p> <p>Third paragraph, second and third bullet points to read:</p> <p>AMU cover £164k – agreed subject to recruitment and delivery</p> <p>AMU chaired area £90K – agreed subject to recruitment and delivery</p> <p>It was also noted that in those present at the meeting, Mr Mike Simms should be recorded as Secondary Care Doctor.</p>	NB	
GB 13/207	MATTERS ARISING		
	<p>The Governing Body received and considered the Matters Arising Report. The Report provided the Governing Body with an update on previously agreed actions. Following discussion the following main points were noted:</p>		
	<ul style="list-style-type: none"> • Reference GB 13/180 – Business case for Winter Planning <p>The Chief Finance Officer reported that the Barnsley Hospital NHS Foundation Trust (BHNFT) had provided a breakdown of the £79k</p>		

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	<p>identified for Estates and Facilitates and indicated that this was a standard calculation used by the Trust for general maintenance and utilities costs.</p> <ul style="list-style-type: none"> Reference GB 13/187 Anonymised story of patient care <p>It was noted that the Chairman and Chief Nurse had met to discuss the potential for introducing an anonymised story of patient care as a regular agenda item for the Governing Body. The Chief Nurse reported that it was proposed to use an actress to deliver patient stories to the Governing Body.</p> Reference GB 13/117 Supporting End of life Care and use of recurrent and non-recurrent funds. <p>The Head of Corporate Affairs informed the Governing Body that a business case had been received from the Barnsley Hospice. The business case would be submitted to the next meeting of the Cancer Board on 7 November 2013. The Head of Corporate affairs agreed to circulate the business case to all members of the Governing Body following discussions at the Cancer Board and subsequent development of the Business Case</p> <p>Dr J Harban commented that there was currently no service level agreement (SLA) in place for the provision of the hospice service. An SLA was required to understand what the Barnsley Hospice was providing for the CCG's £1.5m allocation to the Hospice.</p> Reference GB 13/116 Exercise Initiatives <p>It was noted that the Management Team had approved funding of a business case for exercise initiatives. The total funding of £89,587 was for a period up to March 2015, a review of funding would take place for future years.</p> Reference GB13/152 CCG Annual Report 	VP	14.11.13

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	Ms A Arnold reported that she met with the Communications and Engagement Manager to plan for the early production of the CCGs Annual report. Initially work was being focused on the achievements of the CCG to date.		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Approved the deletion of completed actions from the Matters Arising Report • Noted the actions where the date for completion had lapsed • Noted the progress reported on Matters Arising from previous meetings 		
QUALITY AND GOVERNANCE			
GB 13/208	FRANCIS REPORT		
	The Chief Nurse provided the Governing Body with the second quarterly update about the Francis Report and action plan. The Chief Nurse drew members' attention to the action plan appended to the report.		
	With regard to action 1 - systematic analysis and quality assurance of patient safety and experience data of commissioned services, it was noted that the first intelligence sharing meeting with Healthwatch was scheduled for 11 October 2013. With regard to nurse staffing minimum levels at ward and department level, as advised by the Health Select Committee, the Chief Nurse indicated she was discussing how this would be implemented at BHNFT and how the CCG would monitor and act on any breaches.		
	The Chief Nurse reported that the Quality Team were working with senior officers responsible for signing off SI reports in providers to ensure that both the CCG and providers were aware of the assurance requirements expected by the CCG from SI reports.		
	The Chief Nurse informed the Governing Body that in relation to action 9 - promoting a culture in which considerations of patient safety and experience are paramount, the Quality and Patient Safety Committee were to review feedback and guidance about Patient Stories on 24 October 2013 with a view to rolling out the		

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	patient stories to the Governing Body and other relevant CCG Committees.		
	The Governing Body noted the progress with the Francis Action Plan.		
GB 13/209	RISK AND GOVERNANCE EXCEPTION REPORT		
	The Head of Corporate Affairs presented the Risk and Governance Report to the Governing Body. The Governing Body considered the three risks from the CCGs Risk Register that had been escalated to the Assurance Framework as a gap in control against two risks on the Assurance Framework.		
	<ul style="list-style-type: none"> • Risk reference Ref CCG 13/1 – Non achievement of Health Care Acquired Infection Trajectory for C Difficile <p>The Head of Corporate Affairs indicated that there had been 8 cases of C Difficile against a trajectory of 5 in August 2013. The full year trajectory for C Difficile was 67 cases, as at the end of August 2013 there had been 34 cases with a further 10 cases already identified for September 2013. The Chief Nurse informed the Governing Body of actions and work in progress to support improvement in reducing the numbers of C Difficile cases including the establishment of a subcommittee of the Health and Wellbeing Board with a remit to look at Health Care Acquired Infection (HCAI). Post infection reviews were being undertaken to determine whether any cases of C Difficile were unavoidable or modifiable. She also commented that it was important for the Governing Body to be aware that the trajectory for C Difficile was a trajectory and not an actual target.</p>		
	<ul style="list-style-type: none"> • Ref CCG 13/3 – A&E four hour target <p>It was noted that the CCG had approved a number of business cases linked to improving performance of the A&E four hour target.</p>		
	<ul style="list-style-type: none"> • Ref CCG 13/10 – The Hospital Standardised Mortality Ratio (HSMR) for the BHNFT is higher 		

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	<p>than expected</p> <p>It was noted that the HSMR for the Barnsley Hospital NHS Foundation Trust (BHNFT) was currently 108. The CCG Medical Director was involved with the BHNFT Steering Group working to reduce the rate of HSMR. In addition a Keogh type review by AQUA would be undertaken looking at cases of HSMR at the BHNFT to identify any underlying quality issues.</p>		
	<p>The Governing Body noted the three risks on the Assurance Framework which were rated as 'red' due to a gap in control.</p>		
	<p>The Governing Body:</p> <ul style="list-style-type: none"> • Reviewed 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 • Agreed that the risks rated as extreme were being effectively managed as at 10 October 2013 		
GB 13/210	BUSINESS CASE UNPLANNED CARE BOARD		
	<p>The Governing Body received a Business Case for the provision of care for patients whose needs are best met by primary care but who are currently attending Barnsley Hospital A&E. The aim of the paper was to secure funding for the primary Care work stream of the Unplanned Care Improvement Programme. The Business Case contained the following projects related to the Primary Care work stream.</p> <ol style="list-style-type: none"> 1. General Practitioner in Accident and Emergency 2. Urgent Care LES 3. Improve General Practice use of the Fast Radar reporting system 4. The Pharmacy Minor Ailments Scheme 5. Yorkshire Ambulance Service referral to in hours GP Services 6. Increase GP referrals to the Care Navigation Service (SWYFT) 7. Voice Connects 		

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	<p>A lengthy discussion took place regarding project 1 - General Practitioner in Accident and Emergency. Dr S Krishnasamy agreed to request further information from Care UK around utilisation of this service, ability to meet demand and a detailed breakdown of the time of day when patients were seen by the GP in the A&E Department.</p>	SK	14.11.13
	<p>It was highlighted that the current patient pathway from the A&E front door to a patient being seen should be remodelled to facilitate improved triage of patients and subsequent direction to the most appropriate service. This could be either the A&E Department or the GP service in A&E. Dr S Krishnasamy commented that a survey was being undertaken in A&E to ascertain why patients choose to attend A&E.</p>		
	<p>The Governing Body considered the 7 individual projects proposed within the business case. It was noted that projects 3 to 7 did not require investment from the CCG and the Governing Body approved these projects.</p> <p>The Committee approved investment for project 1 as follows:</p> <ul style="list-style-type: none"> • £210,00 Project 1 GP in A&E • £10,000 Project 1 GP in A&E staff training <p>With regard to project 2, the Urgent Care LES Pilot, it was highlighted that there was a potential conflict of interests. In that some of the Governing Body GP members may be intending to take up the Urgent Care LES Pilot. At this point in the meeting Dr S Krishnasamy, Dr C Bannon, Dr M Ghani, and Mr J Logan left the meeting.</p> <p>The Governing Body did not approve investment in Project 2, Urgent Care LES Pilot but agreed to reconsider this project when other aspects of the business case were operational and working effectively. Drs Krishnasamy, Bannon, Ghani and Mr J Logan returned to the meeting and were informed of the Governing Body's decision.</p> <p>It was noted that all projects would be clinically led by Dr S Krishnasamy, Clinical Lead for the Unplanned Care Programme Board.</p>		

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GB 13/211	BUSINESS CASE DEMENTIA DIAGNOSIS		
	The Medical Director referred to his report which set out a business case from the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) requesting additional funding to assist the CCG in achieving its strategic aim to increase dementia diagnosis rates.		
	It was noted that the CCG had a commitment to increase local dementia diagnosis levels from 45.1% (2011/12 baseline) to 60.6% by April 2014. The business case requested additional funding to strengthen capacity within the Dementia Service and facilitate the proactive identification of patients with dementia and or memory problems.		
	The Chief Officer advised the Governing Body that the Ageing Well Programme Board had previously endorsed the proposal to improve capacity of the Dementia Service. He further indicated that the business case was for a two year period and was not necessarily a recurrent increase for the Dementia Service beyond 2014/15. The links between investment and quality premium payments were noted.		
	The Governing Body reviewed the business case, noted the recommended proposed way forward and approved the business case and a total investment of £147,565 up to the end of the financial year 2014/15.		
GB 13/212	MINOR AILMENTS SCHEME		
	Mr R Staniforth, CCG Lead Pharmacist Presented the Pharmacy Minor Ailment Scheme Business Case to the Governing Body. The Report documented the justification for undertaking a Pharmacy Minor Ailment Scheme, based on the estimated cost of development and implementation against the risks and anticipated business benefits and potential savings.		
	Mr R Staniforth explained that the Scheme aimed to provide a convenient alternative for patients, which would have the effect of reducing demand for GP appointments for these conditions. People who were exempt from prescription charges would receive		

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	<p>medicine they require to treat their minor ailment, free of charge. Minor Ailment Schemes had been commissioned nationally in Northern Ireland, Scotland and Wales in addition to those commissioned by a number of Primary Care Organisations. It was noted that the outcomes and effect of the Minor Ailments Scheme would be monitored by the Unplanned Care Board.</p>		
	<p>In response to a questions raised it was clarified that the service would 'go live' from 1 November 2013 and anticipated that most pharmacies in Barnsley would take up the scheme. In particular the three main 100 hours pharmacies in Barnsley had expressed interest in providing a service under the Minor Ailments Scheme. This would generate capacity and allow patients who were working full time to access the service.</p>		
	<p>The Governing Body noted the anticipated quantitative and qualitative benefits of the Minor Ailments Scheme and approved year 1 of the Business Case, with a total investment by the CCG of £122,228 based on a transaction fee of £5.00. The Governing Body commended the publicity campaign associated with the Minor Ailment Scheme. The Head of Corporate Affairs requested that Equality Impact Assessment be undertaken on the Minor Ailments Scheme.</p>	RS	14.11.13
GB 13/213	TERMS OF REFERENCE REMUNERATION COMMITTEE		
	<p>Ms A Arnold provided the Governing Body with the revised Terms of Reference for the Remuneration Committee. She explained that on 26 September 2013 the remuneration Committee considered a report about the membership of the Committee with a view to ensuring appropriate membership to support governance in CCG remuneration decision making and maintain a quorum in the decision making process. The Remuneration Committee had agreed to increase membership to seven by the inclusion of the Secondary Care Doctor and Practice Manager representative posts</p>		
	<p>The Governing Body approved the revised Terms of Reference for the Remuneration Committee. It was recommended that in future when any terms of reference for CCG Committees were revised then consideration</p>		

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	should be given to cross membership of committees. The Head of Corporate Affairs agreed to update the CCGs website with the updated Terms of Reference for the Remuneration Committee.	VP	14.11.13
FINANCE AND PERFORMANCE			
GB 13/214	INTEGRATED PERFORMANCE REPORT		
	<p>The Governing Body received the Integrated Performance Report which provided:</p> <ul style="list-style-type: none"> • Progress against the Key Performance Indicators for which they are responsible along with an overview of progress being made by Programme Boards to deliver CCG priorities • An overview of the key risks or challenges in achieving performance indicators along with any actions being taken to improve performance • The month 5 finance report • Month 5 progress against the provider contracts 		
	The Chief Finance Officer informed the Governing Body that the report set out the latest financial position of the CCG. Members attention was drawn to appendix A of the Report and in particular a table showing the current approved position of Reserves available to commit to investment after taking into account decisions made by the Governing Body in September 2013.		
	It was noted that there was an overall projected position on unallocated reserves of £2.548 million. The Chief Finance Officer clarified that the declared surplus for the CCG was £2m and assurance had been given by NHS England that this money would be rolled over to the 2014/15		
	The Governing Body noted a sensitivity analysis of the CCGs financial position which had also been considered by the Finance and Performance Committee on 3 October 2013. The Chief Finance Officer indicated that based on the current position the CCG would have a potential of £1.5m - £2.5m to invest with no proposals. The Programme Boards would be held to account for delivery of their plans by the Governing Body. However, with regard to the CCGs current and potential financial situation, it was important for the Programme Boards to		

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	produce contingency plans which could be utilised if required.		
	The Head of Corporate Affairs highlighted the key issues from the Performance Report in particular the Governing Body noted the following:		
	<ul style="list-style-type: none"> • A&E Target <p>The Barnsley Hospital NHS Foundation Trust (BHNFT) had failed the A&E target in September by one patient. The Medical Director commented that the BHNFT had still not met the target and the winter period was looming.</p> <p>The Head of Corporate Affairs indicated that she had attended a Yorkshire Ambulance Service Event about Urgent Care where it was identified that there had been no fluctuation in seasonal variance. Summer pressures were different to winter pressures. Services sustained different pressures across the year.</p> <p>The CCG would continue to monitor and work towards achieving the four hour target. The CCG received A&E situation reports on a daily basis.</p>		
	<ul style="list-style-type: none"> • Elective and Non Elective First Finished Consultant Episodes (FFECs) and number of first outpatient attendances <p>These indicators were rated as 'green'. However the year to date position was showing an over performance for each indicator. It was noted that this over performance tended to level out over the year and work was ongoing by the Contracting Team to track the over performance.</p>		
	<ul style="list-style-type: none"> • Friends and Family Test <p>Performance against the Friends and Family Test was positive. There had been an improvement in both the A&E and Inpatient Net Promoter score. Regional benchmarking data showed that Barnsley was performing on a par with other trusts in South Yorkshire though response rates in A & E were still not up to required 15%.</p>		

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	<ul style="list-style-type: none"> Yorkshire Ambulance Service <p>Ms A Arnold reported that the Finance and Performance Committee had discussed performance of the Yorkshire Ambulance Service and requested that an analysis of this be submitted to the next meeting of the Committee on 7 November 2013.</p>		
	The Governing Body noted the Integrated Performance Report.		
COMMITTEE REPORTS AND MINUTES			
GB 13/215	MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON 5 SEPTEMBER 2013		
	The minutes of the Finance and Performance Committee held on 5 September 2013 were considered and noted by the Governing Body.		
GB 13/216	MINUTES OF THE PATIENT AND PUBLIC ENGAGEMENT COMMITTEE HELD ON 5 SEPTEMBER 2103		
	Mr C Ruddlesdin referred to the Minutes of the Patient and Public Engagement Committee held on 5 September 2013 and drew members attention to Minute reference PPE 14/14 14.2 relating to the promotion of a GMC leaflet which outlined what patients could expect from a GP. It was intended that a link to the leaflet would be included on the CCG website.		
	The Head of Corporate Affairs informed the Governing Body that a video had been produced by the Commissioning Support Unit which explained about the CCG its local commissioning priorities. The video had been well received by the Member Practice event on 1 October 2013.		
	In response to a question raised by Dr J Harban, it was clarified that the Practice Managers Group had discussed and addressed all issues relating to the new requirements around patients data being made available		

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	to the Department of Health.		
	The Governing Body noted the minutes of the Patient and Public Engagement Committee.		
GB 13/217	MINUTES OF THE QUALITY AND PATIENT SAFETY COMMITTEE HELD ON 26 SEPTEMBER 2013		
	The Governing Body noted the Minutes of the Quality and Patient Safety Committee held on 26 September 2013. The Medical Director highlighted issues identified by the Committee for escalation to the Governing Body.		
GB 13/218	MINUTES OF THE CCGCOM MEETING HELD ON 6 SEPTEMBER 2013		
	The Governing Body noted the Minutes of the NHS South Yorkshire and Bassetlaw CCGCOM Meeting held on 6 September 2013. The Chairman indicated that meeting of CCGCOM were always on a Friday. This made it difficult for himself and the Medical Director to attend meetings. However the purpose and meeting dates of CCGCOM were to be reviewed to facilitate attendance of members at the meeting.		
GB 13/219	MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON 23 JULY 2013		
	The Governing Body noted the Minutes of the Health and Wellbeing Board held on 23 July 2013.		
GB 13/220	MANAGEMENT TEAM ACTION LOG		
	The Governing Body received the CCG Management Team Action Log. The Medical Director informed the Governing Body that action reference 1 relating to the Atrial Fibrillation Local Enhanced Service was complete.		
GENERAL			
GB 13/221	REPORT OF THE CHIEF OFFICER		
	The Chief Officer presented his report to the Governing Body which provided an update on the following issues: <ul style="list-style-type: none"> • 'Chair's Pledge' on sharing information 		

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	<ul style="list-style-type: none"> • Improving General Practice - a call to action • CCG Assurance Framework • Barnsley's Health and Wellbeing Board. 		
	<p>Following a discussion about 'Improving General Practice – a call to action' the Chief Officer agreed to convene a response on behalf of GPs and seek approval before submission to NHS England by early November 2013. The response would also be submitted to the next meeting of the Governing Body on 14 November 2013.</p>	MW	14.11.13
GB 13/222	QUESTIONS FROM THE PUBLIC		
	<p>The Chairman invited questions from the Public on CCG business. In response to questions raised by Mr C Millington it was clarified that the Governing Body had expressed its intention to reconsider the Urgent Care Local Enhanced Scheme when other aspects of the unplanned care business case were operational. Also that responses to the Friends and Family Test were increasing. Although it was recognised that the Accident and Emergency Department struggled to increase response rates due to nature and environment of A&E.</p>		
GB 13/223	DATE AND TIME OF THE NEXT MEETING		
	<p>The next meeting of the Governing Body will be held on Thursday 14 November 2013 at 9.30am in the Salvation Army Hall, Straight Lane, Goldthorpe, S63 9DW.</p>		