



Barnsley Clinical Commissioning Group

Putting Barnsley People First

Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP GOVERNING BODY (PUBLIC SESSION) held on Thursday 12 December 2013 at 9.30am in the Willow Room, Priory Campus, 206 Pontefract Road, Lundwood, Barnsley S71 5PN

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 13/257)
Ms Cheryl Hobson	Chief Finance Officer
Ms Marie Hoyle	Member
Mr James Logan	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 Jane Hart	Communications CSU
Ms Kay Morgan	Governing Body Secretary
Ms Helen Mulholland	Engagement Officer CSU (for minute GB 13/252 only)
Mrs Vicky Peverelle	Chief of Corporate Affairs
Mr Richard Walker	Head of Assurance
Mr Phil Strike	Communications Officer CSU (for minute GB 13/252 only)

APOLOGIES:

Dr Sudhagar Krishnasamy	Member
Dr Nick Luscombe	Member

MEMBERS OF THE PUBLIC

Mr Brown

Member of the Public (up to and including Minute ref GB 13/262

Mr Chris Millington

Member of the Public

Mr Rex Negus

Healthcare Development Manager A. Menarini

The Chairman welcomed members of the public to the meeting. The Chairman reported that the CCG would be holding meetings of the Governing Body in various venues around the borough with the intention of making the meetings more accessible to members of the public.

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GB 13/252	PATIENT STORY		
	The Chief Nurse introduced the Patient Story. She explained that the role of the Clinical Commissioning Group (CCG) was to commission and quality assure the health care services for the people of Barnsley. Patient experience was crucial to the ethos and work of the CCG. As part of learning from experience a Patient Story would be delivered by a third party at meetings of the Governing Body in public session.		
	A Patient Story about the wishes of a poorly husband to die at home and the difficulties that his wife as carer encountered with her husband's care was performed to the Governing Body by an actress. The Governing Body reflected on the Patient Story. The Chairman commented that although the patient had been supported, the situation for his wife could have been easier if there had been effective communication between providers, patients and carers		
	A member of the public Mr C Millington commented that the Patient Story had been realistic and that the scenario of poor communication happened every day to patients in other areas. He hoped that Governing Body would take action to improve communication issues.		
	The existing complexities of the primary care system and channels of communication were highlighted by the Medical Director. He advocated that out of hours doctors should be given access to emergency medication and drugs for patients. The proactive measures taken by the GP to assist the patient and his wife were recognised as a valuable point from the Patient Story.		
	The Chairman requested the Governing Body to be mindful of the Patient Story throughout the business of		

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	the meeting and work of the CCG. It was noted that from a commissioner perspective it was for the CCG to influence that 'one size does not fit all' and not everyone would want die at home.		
	The Governing Body noted the Patient Story		
GB 13/253	DECLARATION OF INTERESTS		
	There were no declarations of interest relevant to the agenda.		
GB 13/254	QUESTIONS FROM THE PUBLIC ON BARNSELY CLINICAL COMMISSIONING GROUP BUSINESS		
	The Chairman invited questions from the public on Barnsley Clinical Commissioning Group business.		
	Mr C Millington asked two questions, one relating to the Minor Ailments Scheme and the other about an achievement that the CCG was proud of. In response to the first question, the Medical Director indicated that an equality impact assessment on the Minor Ailments Scheme had been approved by the Quality and Patient Safety Committee in November 2013. The majority of community pharmacies had signed up to the Minor Ailments Scheme and this included all 100 hour pharmacies. There was however still some work to do in the promotion the scheme.		
	The Minor Ailments Scheme was highlighted as being an achievement of the CCG. The challenges of patients gaining access to GPs was the catalyst for intervention by the CCG to work with pharmacists regarding the introduction of the Minor Ailments Scheme. A major element of the scheme had been engagement with the public, GPs and the Community Pharmacists.		
	A member of the public Mr Wood advised the Governing Body of the difficulties he had encountered with services primarily provided by the Barnsley Hospital NHS Foundation Trust (BHNFT) following a heart attack in 1997. The Chairman advised that the CCG was committed to putting the patient at the centre of care. The CCG had achieved a good working relationship with the BHNFT and had worked with them commissioning revalidation of care pathways for patients.		

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	The Medical Director reported that the CCG and in particular the Quality and Patient Safety Committee reviewed the complaints and serious incident reports from the BHNFT. The CCG would be happy to further look into Mr Woods's concerns about his care outside of the meeting. The CCG could not change the past but was trying to improve current services.		
	The Governing Body noted the questions from Members of the Public.		
GB 13/255	MINUTES OF THE PREVIOUS MEETING 14 NOVEMBER 2013		
	<p>The minutes of the previous meeting held on 14 November 2013 were verified as a correct record of the proceedings subject to the following amendment:</p> <ul style="list-style-type: none"> • Minute reference GB 13/245 Minutes of the Quality and Patient Safety Committee <p>Third paragraph second sentence to read</p> <p>There was greater accommodation capacity within primary care which could be utilised for provision of service.</p>		
GB 13/256	MATTERS ARISING		
	The Governing Body received and considered the Matters Arising Report. Following discussion the following main points were noted:		
	<ul style="list-style-type: none"> • Reference GB 13/28 and GB 13/151 Francis Report <p>The Chief Nurse reported that the Hard Truths Report and subsequent CCG action plan had been reviewed by the Quality and Patient Committee in November 2013. The Hard Truths Report was the Governments response to the Francis Report.</p>		
	<ul style="list-style-type: none"> • Reference GB 13/210 GP in A&E <p>The Chief Officer indicated that there had been a</p>		

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	real increase in utilisation of the GP in A&E service. Targets had been agreed with care UK to further increase utilisation of this service.		
	The Governing Body noted the Matters Arising Report.		
QUALITY AND GOVERNANCE			
GB 13/257	RISK AND GOVERNANCE EXCEPTION REPORT		
	The Chief of Corporate Affairs introduced the Risk and Governance Exception Report to the Governing Body. Members' attention was drawn to the three risks from the CCG's Risk Register that had been escalated as a gap in control against two risks on the Assurance Framework.		
	<ul style="list-style-type: none"> • Risk reference CCG 13/1 – non achievement of health Care Acquired Infection Trajectory for C Difficile & Methicillin-resistant Staphylococcus aureus (MRSA). <p>There had been a recent case of an MRSA bacteraemia in a care home, the patient was recovering well and a post infection investigation was taking place.</p> <p>There was an improvement with rates of C Difficile however; there had been 49 cases of C Difficile against a target of 39. Actual performance against this target was addressed in the Integrated Performance Report to the Governing Body.</p>		
	<ul style="list-style-type: none"> • Risk reference CCG 13/3 – Four Hour Operational Standard <p>The achievement of this standard continues to be an issue. During December the Barnsley Hospital NHS Foundation Trust had failed seven out of the eleven days to achieve the target. Quarter three was now at 94.61% and year to date 94.33%. There was a real impetus to support improvement and some national investment for Barnsley to help achieve the standard.</p>		

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	<p>It was noted that the Chairman and Chief Officer had regular meetings with the Chairman and Chief Executive of the Barnsley Hospital NHS Foundation Trust. Whenever they met the four hour operational target was discussed. The Chairman and Chief Executive of the BHNFT had clear views about the changes required to internal bottlenecks in systems and processes to secure improvement against the standard. The new Chief Executive of the BHNFT was energised and positive regarding improvement in performance with the four hour operational target.</p> <p>With regard to the previous business cases for the BHNFT agreed by the Governing Body, the Chairman advised that the BHNFT Chief Executive had considered the position of the BHNFT and new ways to make a difference, thereby achieving better outcomes for patients.</p> <p>It was highlighted that clinicians had provided input to the original business cases approved by the Governing Body. The Chairman indicated that the Chairman and Chief Executive of the BHNFT would be invited to attend the next meeting of the Governing Body on 16 January 2014. This would provide an opportunity for the BHNFT Chairman and Chief Executive to advise the Governing Body about their change in direction from the original business cases and intended new approach.</p> <p>Dr J Harban commented that when the BHNFT had put forward their business proposals they had provided assurance around the ability to recruit the required staff. However, it now transpired that staff could not be recruited in line with business plans. It was noted that all NHS organisations were trying to recruit from the same pool of staff.</p> <p>In response to a question raised the Chief Officer clarified that additional beds would be opened to cope with demand over the busy Christmas and New year holiday period. Additionally two GPs would be available within the A&E Department to treat primary care patients.</p>	<p>KM</p>	<p>16.01.14</p>

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	<p>The Chief Nurse advised the Governing Body that that the additional Healthcare Assistants for the Accident & Emergency (A&E) Department were now in post. The Healthcare Assistants had been employed to meet the care needs of patients within the A&E Department.</p> <p>Following discussion the Governing Body noted that Winter Plans could sometimes be seen as a series of temporary fixes. It was recognised that it may be difficult for the new Chief Executive at the BHNFT to make substantial improvements for this winter. However it was important to ensure improvements in the longer term. Collaborative working between commissioners and providers with investment in the wider systems to take the pressure off the A&E Department was required to provide the best services for the people of Barnsley.</p>		
	<p>The Governing Body agreed that they were comfortable with the ratings assigned to risks on the Assurance Framework and Risk Register.</p>		
<p>GB 13/258</p>	<p>FINANCE POLICIES</p>		
	<p>The Chief Finance Officer presented the Management of Losses and Special Payments Policy and Policy for the Management of Competitive Tendering and Quotation Exercises to the Governing Body. The Chief Finance Officer explained that the two policies were required to underpin the CCG's detailed financial policies.</p>		
	<p>258.1</p>		
	<p>LOSSES AND SPECIAL PAYMENTS POLICY</p> <p>In response to a question raised the Chief Finance Officer provided a definition and example of a 'fruitless payment'. If the CCG sought to invest in a capital scheme and undertook some feasibility work but subsequently decided not to take forward the scheme then this would be classed as a 'fruitless payment'.</p> <p>It was noted that the Audit Committee had responsibility to monitor losses and special payments. The Chief Finance Officers Report</p>		

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		to the Audit Committee included details of any losses and special payments.		
	258.2	POLICY FOR THE MANAGEMENT OF COMPETITIVE TENDERING AND QUOTATION EXERCISES		
		Dr John Harban drew members' attention to paragraph five of the Policy relating to the 'Thresholds for Competitive Tendering'. He queried the decisions for investment made by the Management Team of up to £100k and whether these had been subject to the competitive tendering/quotation exercise as defined in the Policy. In particular he highlighted the 'telederm' project.		
		The Chief Finance Officer indicated that there had been a review of the market for this service. However in terms of tenders and quotations it was established that there was only one suitable provider for the service.		
		Mr J Logan advised that this Policy should be enshrined in the work of Programme Boards The Medical Director highlighted that the clinical leads of Programme Boards would require a greater understanding about investment decisions which could be made by the Management Team and potential investment which should be subject to the Policy for the Management of Competitive Tendering and Quotation Exercises.		
		In response to questions raised by the Chairman in relation to paragraph seven of the Policy, 'Exceptions and Competitive Tendering', the Chief Finance Officer clarified that she held the CCG record of occurrences when it had not been deemed practical to warrant formal tendering procedures and that this information was also reported to the Audit Committee. The Chairman advised that details of the CCGs urgent decision making mechanisms should be included within paragraph seven of the Policy.	CH	16.01.14
		The Chairman indicated that some important		

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	<p>issues had been raised which required further clarification by the Chief Finance Officer through the Budget Management Policy which is under development and will be submitted to the Governing Body in due Course.</p>	CH	16.01.14
	<p>The Committee approved the policy for the Management of Losses and Special Payments Policy.</p> <p>All Governing Body members with the exception of Dr John Harban approved the Policy for the Management of Competitive Tendering and Quotation Exercises subject to the inclusion of the CCGs urgent decision making process.</p>	CH	16.01.14
	<p>On a separate note the Chief Finance Officer confirmed that that no CCG as yet had been given their cash limits although forecasts had been provided to NHS England. Cash limits would be an agenda item for the Governing Body towards the end of the 2013/14 financial year.</p>		
GB 13/259	SOUTH YORKSHIRE & BASSETLAW – COLLABORATION BETWEEN COMMISSIONERS		
	<p>With reference to his report the Chief Officer provided the Governing Body with an update on the South Yorkshire and Bassetlaw Commissioners Collaboration to respond to the Acute Trusts “Working Together Programme”. It was noted that the South Yorkshire and Bassetlaw Commissioners Collaboration workshop held on 25 October 2013 had identified a number of work streams and lead individuals to progress various individual projects.</p>		
	<p>The Chief Officer indicated that he had been assigned to the Smaller Specialities work stream and the CCG Chairman was on the Cardiovascular workstream. However following a first meeting to consider this work stream it was agreed that the title of the work stream would change to ‘Planned Care Specialities’ A programme management approach would be taken for the work streams with support and resource provided as appropriate and required by CCGs, the NHS England Area Team and the West, South Yorkshire & Bassetlaw Commissioning Support Unit.</p>		

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	<p>The Governing Body noted the content of the Working Together Report and that there was a need for the CCG to actively engage with collaborative working to secure the best possible services for the people of Barnsley.</p>		
GB 13/260	<p>EMERGENCY, PREPAREDNESS, RESILIENCE AND RESPONSE POLICY AND BUSINESS CONTINUITY POLICY</p>		
	<p>The Chief of Corporate Affairs presented the Emergency Preparedness, Resilience and Response Policy and Business Continuity Policy to the Governing Body. She explained that the CCG was classed as a category two responder in respect of an emergency. It was noted that the Policies had been developed in conjunction with other Clinical Commissioning Groups across South Yorkshire and Bassetlaw to provide a level of consistency to emergency resilience and business continuity.</p>		
	<p>The Governing Body approved the Emergency Preparedness, Resilience and response Policy subject to the inclusion of and reference to Primary Care.</p>		
	<p>The Governing Body approved the Business Continuity Policy subject to the inclusion of:</p> <ul style="list-style-type: none"> • The CCGs urgent decision making powers as specified in the CCGs Constitution - in paragraph 1.4 of the Policy • The kinds of tests in respect of business continuity – in paragraph 12 of the Policy. 	<p>VP</p> <p>VP</p>	<p>16.01.14</p> <p>16.01.14</p>
GB 13/261	<p>DRAFT YOUNG PEOPLE'S HEALTH AND WELLBEING STRATEGY 2013</p>		
	<p>Dr Clare Bannon introduced the Draft Young People's Health and Wellbeing Strategy to the Governing Body. The Strategy had been written by the Public Health department with strong involvement from a task and finish group from across the Children and Young People Trust. The foreword to the Strategy was to be written by the Youth Council. It was noted that the Strategy would feed into the CCG's Commissioning Plan.</p>		

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	Dr Bannon informed the Governing Body that a meeting would be held on 10 January 2014 to look at how the Strategy's recommendations would be taken forward. The outcomes from the meeting would be reported back to the Governing Body on 16 January 2014.		
	The Governing Body reviewed and approved the seven key priorities set out within the Strategy. The Governing Body also agreed additional recommendation for inclusion in the Strategy relating to third sector activity. Dr Clare Bannon agreed to feed back the comments of the Governing Body to the Strategy Development Group.	CB	16.01.14
GB 13/262	SERVICE IMPROVEMENT TEAM RESOURCE REQUIREMENTS		
	The Medical Director referred to his report which set out the current establishment and function of the Service Improvement team. It also identified the additional investment required by the Service Improvement Team based on what was currently known about the landscape within which the team operated. A paper was tabled which showed the current and proposed structure for the Service Improvement Team.		
	The structure for the SI Team had been developed prior to the implementation of the Programme Boards and based upon a number of assumptions regarding predicted workload. Since the inception of the Programme Boards, capacity and skill gaps have been identified across the CCG team. The paper addresses the capacity gaps that had been exposed across the SI Team as the Programme Boards have matured.		
	<p>The Governing Body discussed the Service Improvement Team resource requirements and the following points were noted:</p> <ul style="list-style-type: none"> Members attention was drawn to a table of required additional costs. In response to a question raised by the Chair, the Chief Finance Officer indicated that she was comfortable with the costings and that CCG budgets could support the additional costs. 		

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	<ul style="list-style-type: none"> The Medical Director clarified that the role of the proposed additional band 5 post would be to work across all programme Boards maintaining an oversight and coordination of work. The Band 5 would report to the Head of Service Improvement. It would be helpful for the proposed new structure to be discussed in more detail with Programme Leads. The proposed Portfolio Manager would pull together all wider system transformational work between local partners. The CCG provided £200k per annum to part fund a joint commissioning function based within the Barnsley Metropolitan Borough Council. Strong links were established between the CCGs Service Improvement Team and the Joint Commissioning Unit in terms of service improvement work and transformational activities. From a Programme Board perspective the Service Improvement contribution was paramount. The existing Service Improvement Team could not sustain the level of required work. 		
	<p>The Governing Body approved the recommended structure and funding for both the service Improvement Team and also for the broader portfolio management arrangements for the Programme Boards.</p>		
FINANCE AND PERFORMANCE			
GB 13/263	INTEGRATED PERFORMANCE REPORT		
	<p>The Governing Body received the Integrated Performance Report which aimed to provide an overview of performance, of NHS Barnsley clinical Commissioning group.</p>		
	<p>The Chief Finance Officer informed the Governing Body of the latest financial position of the CCG as detailed in appendix A 'Finance and Contracts Report to October 2014 including sensitivity analysis of the Integrated Performance Report. She also outlined the key risks</p>		

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	relating to finance and contracting performance.		
	Since the report had been written a further 1.4 million under spend had been identified. Also an additional £1.3 million had been made available by NHS England for winter pressures. The Chief Finance Officer had had preliminary discussions with NHS England to carry forward additional reserves of £2m to 2014/15 and seek confirmation that the monies would be returned to the CCG. If approved the CCGs Non recurrent investment for 2014/15 would rise. It was noted that the BHNFT in year financial position was showing a significant deficit. The BHNFT would have to approach the CCG for any additional resources.		
	The Medical Director commented with regard to the CCGs financial position there was an issue of credibility and reputational risk to the CCG in respect of the A&E targets. Ms A Arnold highlighted that the CCGs financial position provided a unique opportunity for the CCG to support transformational change and early thinking was required for the CCG's Commissioning Plan.		
	Latest information suggested that of the business cases previously approved by the Governing Body there was potential for £700,000 of investment not to be paid by the CCG to the BHNFT and SWYPT all due to an inability to recruit staff. Commissioning for Quality and Innovation (CQUINS) were underperforming and there was an anticipated £300,000 of CQUIN potential payments to come back to the CCG.		
	The Chief Finance Officer highlighted that Programme Board Chairs had been requested to ensure that the planned commitment of £1.665 million was committed in 2013/14. Additionally Programme Board Chairs were to identify further contingency proposals to enable the CCG to commit non-recurrent funding in a planned way prior to the end of the financial year.		
	It was noted that the CCG did not currently have a Cash Limit and was awaiting guidance relating to this and information regarding its duties, from NHS England.		
	The Chairman closed the discussion about the CCG's financial position indicating that the whole Governing Body would look towards challenging energies into		

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	<p>tackling the financial issues in partnership with stakeholders. He was optimistic that the CCG would be able to do better in the future with regard to allocation of resources.</p>		
	<p>The Chief of Corporate Affairs advised the Governing Body of a number of key issues identified from the Integrated Performance Report, in particular relating to:</p> <ul style="list-style-type: none"> • Incidence of Healthcare Associated Infection (HCAI) <p>There had been one case of Methicillin-resistant Staphylococcus Aureus in October 2013 against a target of 0. The case was from a nursing home in Barnsley and the patient was now well. The post investigation review identified no cause.</p> <p>The Chief Nurse commented that HCAI was less of a deteriorating situation but more of a volatile situation.</p> • Diagnosis Rate for People with Dementia <p>The South West Yorkshire Partnership Trust had provided the CCG with assurance that they will deliver the 60.63% local target for diagnosis rates of dementia.</p> • Yorkshire Ambulance Service <p>The Chief Finance officer had requested a deep dive type audit into the Yorkshire Ambulance Services performance against target for Barnsley.</p> • Referrals. <p>A deep dive into referral trends over the last three years was to be undertaken. The outcome of the deep dive would be reported at the next meeting of the Governing Body on 16 January 2013.</p> • 52 Week Wait <p>One Barnsley Patient had waited over 52 weeks; this had been a complex pathway via Sheffield Teaching Hospital. The CCG had been proactive</p> 		

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	<p>in flagging up the breach and offering alternative provision to the patient.</p> <ul style="list-style-type: none"> • First Finished Consultant Episodes (FFCE's) <p>Dr J Harban reported that Barnsley was no longer at the bottom of the league in relation to FFCE's for cancer.</p>		
	<p>The Governing Body noted the performance to date and year-end financial position against statutory targets for the CCG.</p>		
COMMITTEE REPORTS AND MINUTES			
GB 13/264	MINUTES OF THE MEMBERSHIP COUNCIL HELD ON 26 NOVEMBER 2013		
	<p>The Governing Body received the minutes of the Membership Council held on 26 November 2013. The chairman highlighted that the views of the Membership Council had been sought about the development of a Primary Care Strategy for Barnsley. The first draft of the Primary Care Strategy would be submitted to the next meeting of the Governing Body on 16 January 2013.</p>		
	<p>The Governing Body noted the Minutes of the Membership Council.</p>		
GB 13/265	MINUTES OF THE AUDIT COMMITTEE HELD ON 28 NOVEMBER 2013		
	<p>The Governing Body considered the Minutes of the Audit Committee held on 28 November 2013. Ms A Arnold drew members attention to minute reference AC 13/81 Department of Health Publication, Health Service Bodies Audit Committee, Consultation about proposed New Constitutional Requirements for NHS Trusts and Clinical Commissioning Group. The Committee had considered and agreed responses to the consultation questions. The Governing Body Secretary was to prepare a response to the consultation for approval by the Audit Committee Chairman, CCG Chairman and Chief Officer prior to submission to the Department of Health by 31 December 2013.</p>	KM	16.01.14

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	It was noted that in 2015 there would be an option for the CCG to appoint external auditors. The Audit Committee would be responsible to determine a specification for an external audit service and act in accordance with the CCGs Policy for the Management of Competitive Tendering and Quotation Exercises.		
	With regard to recent publications and guidance issued, the Audit Committee had noted the 'Code of Governance for NHS Clinical Commissioning Groups'. The Head of Corporate Affairs reported that the Code of Governance would be an item for a Governing Body Development session early in the new year. Additionally the Corporate Governance team were undertaking a piece of work to assess the CCGs compliance with the Code of Governance.	VP	16.01.14
	The Governing Body noted the Minutes of the Audit Committee.		
GB 13/266	MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON 7 NOVEMBER 2013		
	The minutes of the Finance and Performance Committee held on 7 November 2013 were noted by the Governing Body.		
GB 13/267	MINUTES OF THE QUALITY AND PATIENT SAFETY COMMITTEE HELD ON 28 NOVEMBER 2013		
	The Governing Body considered the Minutes of the Quality and Patient Safety Committee held on 28 November 2013.		
	The Medical Director highlighted that Dr Phil McAndrew, Associate Medical Director; BHNFT had given a presentation to the Quality and Patient Safety Committee about the Barnsley Mortality Review. The presentation had been requested in response to concerns regarding the BHNFT's higher than average Hospital Standardise Mortality Ratio (HSMR) and questions around the BHNFT's actions reduce their rates of HSMR. The Medical Director commented that there was a risk on the CCGs Risk Register relating to HSMR at the BHNFT. The Quality and Patient Safety Committee had reviewed the risk and rating for this risk remained unchanged.		

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	In response to a question raised about the testosterone shared care audit, the Medical Director clarified that an audit had been completed and an action plan was now in place. He also added that the Area Prescribing Committee would oversee the audit of all shared care protocols. The audit would provide assurance or otherwise that the roll out of shared care protocols was effective.		
	The Chief Nurse reported that Care Quality Commission (CQC) had undertaken an inspection of the Chapel View Nursing Home. The inspection had concluded that the Nursing Home was not compliant with elements of the CQC standards. The CCGs Specialist Nurse – DOLS & MCA was providing support to the nursing home and there was now evidence of continuing improvement.		
	The Chair of the Audit Committee, Ms A Arnold advised the Governing Body that there was an opportunity to consider some provision for clinical audits within the CCGs Audit plans. Programme Boards would therefore be invited to submit proposals for clinical audit to the Audit Committee.		
	The Governing Body noted the Minutes of the Quality and Patient Safety Committee.		
GB 13/268	MINUTES OF THE PATIENT AND PUBLIC ENGAGEMENT COMMITTEE HELD ON 7 NOVEMBER 2013		
	The Governing Body received the minutes of the Patient and Public Engagement Committee held on 7 November 2013		
	Mr C Ruddlesdin informed the Governing Body that the Committee had endorsed in principle a CCG Reimbursement Policy for Payment of Expenses for Public and Patient Engagement. A CCG Petty cash system Policy was to be established to enable enactment of the policy.		
	It was noted that an action plan had been produced from the Patient and Public Engagement Development Session held on 13 September 2013. Helen Mulholland Communications and Engagement Manager (Commissioning Support Unit) was now providing		

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	dedicated support for engagement activities within the Communications and Engagement Team. This additional support strengthened the team to deliver the Patient and Public Engagement action plan.		
	The Governing Body noted the Minutes of the Patient and Public Engagement Committee.		
GB 13/269	MINUTES OF THE FORMAL MANAGEMENT TEAM HELD ON 20 NOVEMBER 2013		
	The Governing Body considered the minutes of the Formal Management Team held on 20 November 2013. With regard to attendees and apologies for the meeting it was noted that the Chief Finance Officer had been in attendance and the Medical Director had sent his apologies for the meeting.		
	Reference was drawn to the CCGs Medium Term Financial Plan. The Chief Finance Officer advised that the CCG would receive details of the two year allocation during the week commencing 16 December 2014. Guidance about the integration transformation fund was expected before Christmas.		
	Dr John Harban referred to minute reference 4 and the Cancer information Unit/ Decommissioning of Mobile. It was recognised that decision to decommission the 'cancer bus', mobile cancer information unit had been made and clarified that the particular minute had been around the role of cancer information to the public and how this could be taken forward. It was noted that CCG protocols for decommissioning services would be considered at a forthcoming Governing Body Development Session.		
	The Governing Body noted the concept of an Innovation Camp. The CCG has non recurrent resources to invest and the innovation camp would facilitate challenge in different ways of working and potentially generate innovative ideas for investment.		
	The Governing Body noted the Minutes of the Formal Management Team.		
GENERAL			

Agenda Item	Note	Action	Deadline
GB 13/270	REPORT OF THE CHIEF OFFICER		
	<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"> • Report of the Care Quality Commission • Additional funding to help deliver the four hour operational standard • Launch of integrated care and support pioneer programme. 		
	<p>In particular members noted that NHS England was to make available a one off £150 million investment to help deliver the four hour operational standard. Barnsley's share of the £150 million was £1.5 million, which provided an opportunity for additional investment by the CCG to the BHNFT subject to the business planning/case processes. The Urgent Care Working Group would meet on 19 December 2013 and consider appropriate investment of the monies.</p>		
	<p>The Governing Body noted and appreciated the challenges in spending the additional monies for winter given, given that NHS England only allocated the additional investment in December 2013. The CCG were in the process of collating a set of proposals including BHNFT, primary care, social care and the South West Yorkshire Partnership NHS Trust. There was an expectation however that acute trust preferences will carry considerable weight. The overall application of the money would be approved by the Urgent Care Working Group.</p>		
	<p>The Chief Officer reported that a Barnsley Group had attended the London launch of the Integrated Care and Support Pioneer Programme. A presentation given at the launch had emphasised that loneliness and isolation impacted on physical and mental wellbeing and concern that there was very little mental health focus in integration plans for dealing with dementia depression and anxiety. The CCG would need to consider inclusion of this in future Commissioning Plans.</p>		
	<p>Mr J Logan informed the Governing Body of a well documented 'adopt a friend' initiative in Yorkshire. Ms A Arnold commented that a GP Practice coffee shop for patients to chat and reduce isolation had reduced the</p>		

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	number of patients who did not attend for appointments (DNAs).		
	Dr Robert Farmer informed the Governing Body of some recently published information about GP practice performance. He commented that the data should be assessed in terms of identifying variation in practice. The Chief Nurse indicated the Unplanned Care Programme Board was considering and taking appropriate action on the GP performance data.		
	The Governing Body noted the Report of the Chief Officer		
GB 13/271	QUESTIONS FROM THE PUBLIC		
	The Chairman invited further questions from the public. Mr C Millington asked about winter planning and in particular any additional arrangements for over the Christmas and New Year Holiday period. It was clarified that the CCG was undertaking a 'Choose Well' winter campaign with a promotional event taking place in the town centre week commencing 16 December 2013. Additionally the BHNFT were planning for 'mad Friday' the last busy Friday before Christmas and for the Christmas and New Year bank holidays.		
	Mr Millington made reference to walk-in centre indicating that nationally walk-in centres achieved an 85% satisfaction rate. In response, Dr Farmer reported that most GP practices had a patient satisfaction rate of 85% and were much less expensive per patient consultation than walk-in centres. Evidence also demonstrated that walk-in centres did not reduce A&E attendances. The chairman clarified that the CCG was not currently considering a walk-in centre for Barnsley. Walk-in centres were not cost effective and experience in Barnsley had demonstrated that walk-in centres did not improve patient care.		
GB 13/272	ANY OTHER BUSINESS		
	272.1 PATIENT STORY		
	The Chairman requested that the Governing Body reflect on the Patient Story and the contribution it could make to the work of the		

Agenda Item	Note		Action	Deadline
		<p>CCG, the following comment were received:</p> <ul style="list-style-type: none"> • The CCG should be mindful of patient experience when making investment decisions. For example it was critical that all stakeholders understood the 'out of hours' model • Enablers included communication and integrated team working. • People may not wish to be labelled or defined as 'carers'. • At the time, GP practices had resisted the dissolution of attached healthcare teams. • With the exception of the Draft Young People's Health and Wellbeing Strategy the focus of the agenda for Governing Body meeting had been business orientated. 		
GB 13/273	DATE AND TIME OF THE NEXT MEETING			
	The next meeting of the Governing Body will be held on Thursday 16 January 2014 at 9:30 at The Hoyland Centre, High Croft, Hoyland, Barnsley, South Yorkshire S74 9AF			