

Meeting: Governing Body			
Meeting Date	22 November 2017	Action	Approve
Item No.	3	Confidential	No
Title	Minutes and Action Log		
Presented By	Dr Kiran Patel, CCG Chair		
Author	Mrs Lisa Featherstone, Deputy Director of Business Delivery		
Clinical Lead	Dr Kiran Patel, CCG Chair		

Executive Summary
<p>The minutes are presented as an accurate reflection of the previous meeting of the Governing Body, reflecting the discussion, decisions and actions agreed.</p> <p>Updates against the actions have been provided for information.</p>
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Approve the minutes as an accurate record; and • Note the updates provided against the actions

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	No
GBAF – n/a	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Failure to have up to date policies in place could impact on the reputation of the CCG through legal challenge and poor practice.						

Governance and Reporting		
Meeting	Date	Outcome

Title	Minutes of the Governing Body 27/09/17 – Meeting in Public		
Author	Julie Hall		
Version	0.2		
Target Audience	Wider CCG and General Public		
Date Created	29.09.17		
Date of Issue			
To be Agreed			
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Description	Minutes of the Governing Body 27/09/17 – Meeting in Public		
Document History:			
Date	Version	Author	Notes
29.09.17	0.1	Julie Hall	Initial Draft forwarded to Lisa Featherstone for checking.
08.11.17	0.2	Lisa Featherstone	Action Log added
Approved:			
Signature:			
		 Dr K Patel, CCG Chair

Governing Body Meeting in Public

MINUTES OF MEETING

27 September 2017

Chair – Dr K Patel, Chair

ATTENDANCE

Governing Body Members

Dr Kiran Patel, CCG Chair
Mr Peter Bury, Lay Member for Quality and Performance
Mr Howard Hughes, Clinical Director
Mrs Lesley Jones, Director of Public Health
Mr David McCann, Lay Member for Patient and Public Involvement
Mr Stuart North, Chief Officer
Dr Jeff Schryer, Clinical Director
Mr Mike Woodhead, Interim Chief Finance Officer
Mrs Fiona Boyd, Governing Body Registered Nurse
Mr Chris Wild, Lay Member
Mrs Catherine Jackson, Executive Nurse
Dr Cathy Fines, Clinical Director
Mrs Lisa Featherstone, Deputy Director of Business Delivery (deputising for Ms Margaret O'Dwyer)

Others in attendance

Mrs Julie Hall, Personal Assistant (minute taker)
Mrs Caroline Dearden, CCG Communications Manager

1 Member of the Public (Health Watch)
1 Member of the Press (Bury Times)

MEETING NARRATIVE & OUTCOMES

1 Welcome, Apologies And Quoracy

- 1.1 Dr Patel welcomed those present to the meeting and noted apologies had been received from:
- Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery
 - Mr Paul Horrocks, Communication Advisor
- 1.2 It was noted that Mrs Featherstone was attending on behalf of Ms O'Dwyer, with full delegated authority to act on her behalf.
- 1.3 The meeting was confirmed to be quorate.

2 Declarations Of Interest

- 2.1 Dr Patel reminded Governing Body members of their obligation to declare any interest

	they may have on any issues arising from agenda items which might conflict with the business of NHS Bury Clinical Commissioning Group.		
2.2	Declarations made by members of the Governing Body are listed in the CCG's Register of Interests which is presented under this agenda and also available from the CCG's Corporate Office or via the CCG website here .		
2.3	Declarations of interest from today's meeting Dr Patel and Dr Fines declared an interest with regard to both practices' involvement in merger proposals for Tower Family Health		
2.4	Dr Schryer declared an interest relating to his occasional attendance at the Strategic Clinical Network. An updated declaration of interest form would be required.		
2.5	There were no items on the agenda pertaining to this matter that warranted formal arrangements for management of this interest during this meeting. New declaration of interest forms should be completed and submitted to the corporate office.		
2.6	There were no further declarations made from those already recorded in the register in relation to the agenda items for discussion and decision.		
2.7	Declarations of Interest from the previous meeting There were no further declarations made in respect to the business of the previous meeting.		
ID	Type	The Governing Body:	Owner
D/09/01	Decision	noted the published register of interests.	
A/09/01	Action	Dr Patel, Dr Schryer and Dr Fines to update their declaration of interest form and submit it to the corporate office.	Dr Patel Dr Fines Dr Schryer

3	Minutes Of The Last Meeting And Action Log		
3.1	<ul style="list-style-type: none"> minutes 	The minutes of the Governing Body meeting held on 27 July 2017 were considered and agreed as a correct record:	
3.2		There were no matters arising from the minutes of the previous meeting.	
3.3	<ul style="list-style-type: none"> action log 	There were four completed actions which the Governing Body agreed to close. The action relating to Delayed Transfers of Care is not yet due and work is still being progressed on the development of patient stories. These will remain open and updates provided accordingly.	
ID	Type	The Governing Body:	Owner
D/09/02	Decision	approved the minutes of the meetings held on 27 July 2017 as a true and correct record.	
D/09/03	Decision	closed the completed actions on the action log.	

4	CCG Chair Update
4.1	The Chair had no update to report.

5	Chief Officer's Update
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5.1	<ul style="list-style-type: none"> Transformation Fund <p>Mr North referred to the Transformation Fund and a key date of the 13 October 2017. This is the date the Greater Manchester Strategic Partnership Board (GMSPB) meet and it is believed the Board will receive a recommendation to approve the transformation bid. This is good news; a bid of £19m has been submitted from Bury.</p>		
5.2	A key report to the GMSPB meeting in October is the urgent care approach in Greater Manchester following national guidance. The consultation on the urgent care system has been paused until the national guidance is published.		
5.3	Following publication of the guidance, the position will be reviewed and will move forward into an integrated commissioning world with the Local Authority.		
5.4	<ul style="list-style-type: none"> A&E performance <p>Mr North reported that A&E performance across Pennine Acute remains a challenge. Latest Pennine Acute figures show performance at 85% for patients being seen within four hours. Performance at Fairfield General Hospital (FGH) is 92%, however the CCG is judged on Pennine Acute performance. Work is ongoing with colleagues to try and improve the position but this is a challenge. Any hospital A&E department can have busy days; the success story is how quickly they can recover. FGH recovers in a timely manner; support is needed in order for FGH to continue to sustain this position. There has been no growth in activity; it is the case mix that is a challenge.</p>		
5.5	There is a national focus on A&E performance; a key element for sustaining urgent care performance in winter is avoiding excess activity due to flu cases. It is important that flu vaccination is taken up as early as possible. GPs and the public are being encouraged to take up the vaccinations.		
ID	Type	The Governing Body:	Owner
D09/04	Decision	Noted the update provided.	

6	Committee Chair Reports
6.1	<ul style="list-style-type: none"> Clinical Cabinet <p>Mr Hughes presented his report on the proceedings of Clinical Cabinet meeting held in August 2017 and advised the September Clinical Cabinet was a joint meeting with Locality Care Organisation colleagues to discuss clinical decision making in the future.</p>
6.2	<p>Mr Hughes directed the Governing Body to the following key points from the August meeting:</p> <ul style="list-style-type: none"> Clinical Cabinet approved increased investment in mental health Early Intervention in Psychosis; Clinical Cabinet supported the IAPT clinical model; Clinical Cabinet supported the proposed service specification for the Posture and Mobility Service for Adults and Children which has now been formalised.
6.3	<p>Dr Patel queried if the mental health investment was part of Parity Of Esteem (POE). Mr Woodhead confirmed that the full year effect will take investment to that level. Short term financial assistance is being provided to Pennine Care through the POE. The CCG is delivering on the commitment to increase mental health spend.</p>
6.4	<ul style="list-style-type: none"> Patient Cabinet <p>Mr McCann presented the Patient Cabinet report, the group now meets formally bi-monthly with informal meetings in between. The report presented today is from the</p>

August formal meeting.

- 6.5 Reflecting on the overall work programme for the Patient Cabinet, Mr McCann advised the Governing body that:
- Members are actively engaged in the CAMHS work and the Transformation Fund.
 - Mr McCann has meet with Karen Richardson, who is due to attend the next meeting to discuss the established workstreams and members' involvement going forward.
 - Mr McCann has also met with Zoe Alderson and Amy Lepiorz to discuss Patient Participation Groups (PPG) and better involvement from Patient Cabinet and Primary Care to support this work. There is an active member who wishes to be involved in this work, this would make a positive improvement.
 - Members will be more engaged in the urgent care workstream once the national guidance is published.
 - There is to be a formal review of the Patient Cabinet, Mr McCann is working with Mrs Featherstone on this. Mr McCann agreed to feedback to the Governing Body once the review is completed.
 - Mrs Jones referred to patient engagement and the PPGs and suggested in terms of moving forward with integration, there could be an opportunity to provide some resource from the Locality Plan and Neighbourhood Working enabling workstreams. Mrs Jones offered to arrange a meeting with Heather Crozier to discuss this further if it was felt it would be beneficial.
- 6.6 Mrs Jones outlined that there is a perception from people of 'them and us'; there is a mechanism for engagement at neighbourhood level, which would help resolve this issue. PPG engagement could connect with and help support that work. Mr McCann agreed that joint working could help break the barrier of 'them and us' and commented that Primary Care need more resource to do the engagement work. Mr McCann accepted Mrs Jones's offer of a meeting with Heather Crozier and would take this forward through Mrs O'Dwyer and Mrs Featherstone.
- **Primary Care Commissioning Committee**
- 6.7 Mr Bury provided a verbal update to the Governing Body on the Primary Care Commissioning Committee meeting which had taken place immediately prior to the Governing Body.
- 6.8 Mr Bury directed the Governing Body to the following key points from the meeting:
- Positive IM&T report received; Bury is the best in the North West at achieving the national target for practices getting 20% of patients using on line services. Some practices are above 20%, some are exceeding 40%. There are some practices reporting single figures, these are being looked into. There was concern raised that those patients using the online services would have an advantage when booking appointments etc. Work is being done around this issue.
 - Options were discussed in part 2 of the meeting around the developments relating to the Whitefield scheme. A report will be brought back to the next Governing Body meeting.
 - Practice merges – seven practices are merging and are on track to go ahead. A report will be brought back to the Governing Body on the progress of this.
 - In November the CCG will be put forward for a national award 'Productive General Practice Award'.
 - A discussion was held around the frequency of the meetings going forward. It

6.9	<p>was agreed the meetings would move to bi-monthly from January 2018, this is in line with other CCGs.</p> <p>Mr Wild queried what was driving the practice mergers. Dr Patel declared an interest as his practice is one of the merging practices. Dr Patel stated that the practice mergers are in line with national trend and the GP Five Year Forward View to encourage practices to merge and work together to help deliver some out of hospital work in the community. Some practices are struggling to recruit and respond, these are the drivers that are leading the practices to merge. People are being encouraged to utilise this service and it is hoped this will encourage others to follow suit.</p>
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ID	Type	The Governing Body:	Owner
D/09/05	Decision	noted the Clinical Cabinet report presented.	
D/09/06	Decision	noted the Patient Cabinet report presented.	
A/09/02	Action	Mrs Jones to arrange a meeting with Heather Crozier to discuss integrated engagement opportunities going forward.	Mrs Jones
D/09/07	Decision	noted the Primary Care Commissioning update provided.	

7	Quality And Performance Committee Report
7.1	<ul style="list-style-type: none"> • Quality Dashboard <p>Mr Bury presented the report from the September meeting and directed the attention of the Governing Body to the following key points:</p> <ul style="list-style-type: none"> • Reducing inappropriate prescribing of antipsychotics for challenging behaviour in people with intellectual disabilities in Bury. Further assurances and an update at a future meeting have been requested from Pennine Care. Due to the length of time spent on this item some items were deferred until the October meeting. Mr North stated that significant work is being undertaken around inappropriate prescribing which is a challenge, but this issue does need addressing. • Wheelchair 18 week waits for children - Pennine Care have confirmed performance for Quarter 1 against the target of 92% is 71%.
7.2	<p>Mr Hughes commented that previously, wheelchair performance has not been reported by the provider and so the CCG was unaware of the low target. It would be difficult to achieve 100% performance as some bespoke equipment can take longer than 18 weeks to produce. A number of patients are still waiting over 18 weeks, additional funding is needed to address this issue.</p>
7.3	<p>There are issues around the low number of trained Specialist Occupational Therapists to assess patients for specialised equipment, however the backlog is now reducing. Extra investment is needed for both equipment and Specialist Occupational Therapists. Dr Fines suggested asking providers what young people do whilst waiting for bespoke wheelchairs and whether there was an opportunity to loan equipment until the bespoke chair is ready.</p>
7.4	<p>Dr Patel referred to the paper around the impact of Gluten Free Prescribing Policy which was an item deferred at the September meeting and reiterated that as this was a Governing Body decision it was important the Governing Body receives the feedback on the impact of that decision. Mr Bury confirmed this item is on the October agenda.</p> <ul style="list-style-type: none"> • Quality Dashboard

7.5	<p>Mrs Jackson presented the September dashboard and directed the attention of the Governing Body to the following key points:</p> <ul style="list-style-type: none"> • Infection control - issue around C Difficile, Bury CCG has highest number of cases in Greater Manchester. Repeat testing has increased the numbers. This is being looked into in terms of trying to prevent repeat testing. A message has been sent out to GPs to discuss this issue. • E coli – reduction in cases seen during 17/18. A lot of work is being undertaken around surveillance, Public Health education and prescribing. This is not a quick win and resources may be required. • Learning Disabilities mortality review – a local policy is being produced to aid implementing the national policy. There is no national guidance with regard to when the policy should be implemented, the aim is for within 60 days and the CCG is on track to implement within this timeframe. • Pennine Acute – Improvement Board continues to meet and have overview on stability and quality improvement for the Trust. • Single sex accommodation – breaches being reported when patients are waiting for critical care beds. The numbers have reduced significantly than previously reported. • Labour suites are now up and running to improve safety and support newly qualified midwives. • CQC – awaiting date for visit to Pennine Acute for re-inspection. Jon Rouse visited the site and posted a positive tweet around A&E. • Pennine Care – Infrastructure in place around the Recovery Board. There are a range of issues relating to mental health and learning disabilities. There is a new Chief Executive and Director of Nursing now in post, it is expected that along with input from NHSI and the CQC improvements will be driven up.
7.6.	<p>Dr Fines referred to the mortality review and how this links to the Learning Disability review and queried whether there was a dual review. Mrs Jackson confirmed that there is no dual review; the CCG is responsible for reviews of children up to 4 years.</p>
7.7	<p>Mrs Jones suggested that as Public Health commission services from Pennine Care, there are opportunities for integrated sharing of services. Mrs Jackson welcomed the opportunity of joint working and quality improvement work. Mrs Jones agreed to look into this further.</p>
7.8	<ul style="list-style-type: none"> • Performance Report <p>Mrs Featherstone presented the performance report detailing the CCG's performance for June 2017 and directed the Governing Body to the following areas reporting under performance:</p> <ul style="list-style-type: none"> • Diagnostic waiting times There was under performance noted from both the CCG and PAHT in June 2017. Capacity issues in endoscopy and radiology have been major contributory factors to recent PAHT performance, however there was also an increase in non-obstetric ultrasound breaches in June. Similar performance is expected for

July due to capacity issues roiling forward.

PAHT is to review the use of external sub-contracted capacity, some of which had recently been stepped down. It is noted that some endoscopy clinics were cancelled following the Manchester Arena attack in May and this has compounded the issues seen in June. PAHT is also working towards increasing the in-house capacity and to completing the JAG re-accreditation process, recognising that waiting times need to be addressed before accreditation will be granted.

- **Cancelled operations**
The number of breaches for PAHT for Quarter 1 is published as 26, with 20 of these breaches experienced in June 2017. This is against a target of zero breaches. Of the 20 breaches reported for June, one related to an NHS Bury CCG patient. The breach occurred in T&O following cancellation of the operation in the aftermath of the Manchester Arena major incident. The patient was then treated in July.
- **Cancer 2 weeks waits**
Following improvement in May, deterioration was noted in June with performance at 89.3% against the 93% target. Further information has been requested around the paediatric cancer breach and increase in breaches at Salford Royal.
- **Cancer 2 week waits breast symptoms**
There were 9 breaches in June for Bury patients, all of which related to Bolton Foundation Trust (FT). Most breaches were due to capacity issues. As previously referred to, Bolton FT is facing a capacity challenge due to a female Consultant having recently retired. Whilst this post is being recruited to, the current position is likely to continue until October. PAHT has also confirmed that they do not have capacity to accept new or re-directed referrals.

7.9 Dr Schryer referred to the breaches at Pennine Care and the potential for an increase in breaches over the winter period, particularly around mental health admissions; and how this would be managed in terms of avoiding increased breaches.

7.10 Dr Schryer referred to Personal Health Budgets (PHB) and queried the progress made. Mrs Jackson reported that an infrastructure is needed to actively promote PHBs, which is currently not available. A request could be made to the Audit Committee to share the internal audit report showing PHB progress with the Governing Body at a future date.

7.11 Mr North referred to the delayed transfers of care information by site and commented that he would expect the delays at NMGH to be a lot less than those of FGH due to the levels of activity making this more of an issue which needs to be reviewed fully. Mrs Jackson reported that this issue feeds into the Making Safety Visible learning sessions. Dr Patel suggested learning from FGH needs to be shared with NMGH, and agreed to pick this up at the Urgent Care Network.

7.12

- **Safeguarding Dashboard**

Dr Fines presented the safeguarding dashboard and directed the Governing Body to the following key points:

- Self-assurance in General Practice - as part of the assurance into safeguarding required by NHS England and as part of the CCG's responsibilities under co-commissioning the safeguarding team have commenced visits to all practices.

<p>7.13</p> <p>7.14</p> <p>7.15</p> <p>7.16</p> <p>7.17</p>	<p>Expected date of completion was June but has slipped to August 2017 due to the availability of practices, as of the 16th August all but two practices have been visited. So far no significant concerns have been identified. A report will be shared in October outlining what is working well and any issues that are difficult.</p> <ul style="list-style-type: none"> • Pennine Acute training figures are rated amber, there is improvement but it is a challenge to keep on track given the rate of staff turnover. • Cygnet group are rated amber as they have policies that need updating, this will be completed soon. • Looked After Children performance – all Providers working well and performance sustained. <p>• Safeguarding Children and Adults at Risk Annual Report</p> <p>Dr Fines presented the annual report and invited comments from Governing Body. The following comments were noted:</p> <ul style="list-style-type: none"> • Mr McCann referred to point 1.1 – demographics for children and queried the figure relating to the proportion of children living in a workless household in Bury as this had doubled between 2004 – 2012. If this figure is accurate, the impact of this would need to be looked into. Mrs Jones agreed to check and confirm the information as this was a high proportion over 8 years. • Mr McCann referred to point 1.4 – health outcomes for adults and the bullet point referring to binge drinking in Bury being significantly worse than the England average. Mrs Jones confirmed that there is a focus on substance misuse and mental health at the Children’s Trust. Figures relating to alcohol consumption in young people is reducing. • Dr Schryer referred to point 1.5 – Social care and prescribing. Dr Schryer suggested it would be useful to know the number of children’s safeguarding referrals and actual numbers rather than percentages of both adults and children. Dr Fines agreed to circulate the information to Governing Body members. <p>• Looked After Children Annual Report</p> <p>Dr Fines presented the annual report and invited comments from Governing Body.</p> <p>Mr McCann referred to Bury children looked after outside of the authority and queried whether holistic cover was needed for children outside of the authority to provide assurance that the children are getting all the services / support Bury would provide. Dr Fines confirmed that children are only usually looked after outside the authority for specific reasons, i.e. youth justice system, bed availability, friends and family, adoption. Bury maintains the responsibility for assuring services are being provided. The children will still have review health assessments and 6 weekly social worker reviews undertaken by Bury. Dr Fines gave assurance that children are not out of borough due to capacity. Bury also has placements for children from other areas.</p> <p>Mr McCann suggested it would be useful to see a breakdown of the reasons for out of borough placements when the data comes through. Dr Fines agreed to feed this back.</p> <p>Mr North commented that the number of children from other Local Authorities with children out of borough is 40% higher than Bury, however the challenge will remain constant to keep children within Borough.</p>
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ID	Type	The Governing Body:	Owner
D/09/08	Decision	noted the Quality and Performance Committee update provided.	
D/09/09	Decision	Received the Quality Report.	

D/09/10	Decision	Received the Performance Dashboard.	
D/09/11	Decision	Received the Safeguarding Dashboard.	
D/09/12	Decision	Received the Safeguarding Children and Adults at Risk Annual Report	
A/09/03	Action	Mrs Jones agreed to check and confirm the information relating to the proportion of children living in a workless household in Bury as this was a high proportion over 8 years.	Mrs Jones
D/09/13	Decision	Received the Looked After Children Annual Report	
A/09/04	Action	Social care and prescribing – Dr Fines to circulate to Governing Body members the number of children’s safeguarding referrals and actual numbers of both adults and children rather than percentages.	Dr Fines
A/09/05	Action	Breakdown of the reasons for out of borough placements to be included with data. Dr Fines agreed to feed this request back.	Dr Fines

8	Finance, Contracting And Procurement Committee Report
8.1	<p>Mr Wild provided a verbal update from the recent meeting, highlighting the following key points:</p> <ul style="list-style-type: none"> • The key risk for the CCG continues to be under-delivery of the QIPP target in year due to the current level of unidentified schemes. • A number of potential mitigations have been identified and work is on-going to continue to identify further areas to ensure that all emerging risks are mitigated. • It is recognised that the opportunities for simple, quick wins are limited. There is also recognition that a number of concepts have been incorporated into the Locality Plan as part of wider transformational change. • The Risk Report was received and accepted by the Committee. Mr Wild confirmed that there are no new risks. Further, the Committee accepted that this year continues to be a challenge and accepted it would also be a challenge for Transformation. • The CCG is showing a year to date surplus of £2.5m and forecast outturn of £5.9m, which is in line with plan. <p>• QIPP Report</p>
8.2	Mrs Featherstone presented the QIPP report highlighting that the current savings reported are low, which is reflective of the good work that Bury has previously undertaken, which is a view supported by the RightCare team. In light of this the greatest opportunities will be realised through the transformation of services, as previously discussed, rather than transactional changes.
8.3	Mrs Featherstone advised the report also reflected on work undertaken across other regions, and potential opportunities for further exploration have been identified, however again these are expected to be limited.
8.4	Mr Hughes commented that the process / system needs to be more streamlined; work is currently being undertaken around this.
8.5	Mr North commented that there will be a different context for next year; the Transformation Fund will be the main deliverer of QIPP savings. The LCO partners will be partners in delivering QIPP, including providers Bury is contracting with. This should change the dynamic of contracting.

ID	Type	The Governing Body:	Owner
D/09/14	Decision	Received the update provided	
D/09/15	Decision	Received the QIPP Report	

9	Audit Committee Report
9.1	<p>Mr Wild presented the Audit Committee report following the meeting held on 1st September 2017.</p> <p>The focus of the meeting was around the review of three policies and recommendation to the Governing Body; the policies are presented to the Governing Body for approval at today's meeting.</p> <p>The Audit Committee also recommended the closure of a number of risks detailed in the report.</p>
9.2	<p>Governing Body Assurance Framework (GBAF)</p> <p>Mrs Featherstone presented the framework and highlighted the following key points:</p> <ul style="list-style-type: none"> • Following approval of the strategic Objectives by the Governing body at its meeting in July, risks from the previous GBAF have been assessed by the Risk Owner and mapped across to the new GBAF as presented. • There are seven risks presenting a significant level of risk (level 15 or above) to delivery of the CCG's strategic objectives and 1 presenting a high level of risk (level 8-12) to delivery of the CCG's strategic objectives.
9.3	<p>Mrs Featherstone reflected that following this exercised, three strategic objectives (3, 5 and 7) have no principal risks recorded against them, however the discussion throughout today's meetings reflects this may not be an accurate reflection.</p>
9.4	<p>Mrs Featherstone invited the Governing Body to discuss the GBAF and identify those areas of concerns that have the potential to impact on the delivery of the Strategic Objectives if not managed appropriately and where assurance will be needed</p>
9.5	<p>Mr North suggested members reflect on the GBAF and if there is anything of concern that is not included to be notified to Mrs Featherstone for inclusion.</p>
9.6	<p>Corporate Risk Register</p> <p>Mrs Featherstone presented the Corporate Risk Register and reminded the Governing body that this report only includes those risks that are assessed at a Level 15 or above.</p> <p><i>Barbara Barlow left the meeting.</i></p> <p>Mrs Featherstone presented three policies for approval:</p>
9.7	<p>Conflicts of Interest Policy</p> <p>There are three minor changes to this policy; Clause 5.1 reflects the annual self-assessment and due regard over the reporting period for managing conflicts of interest. This process has been routinely undertaken however is now formally included within the Policy; Clause 7.4 has been updated to reflect the new guidance of updating declarations on an annual basis as a minimum, rather than the twice yearly updated referenced in earlier guidance; Clause 8.7 has been included to reflect that the CCG will request declarations of interest from all employees, contractors and members of the CCG, rather than limit the process to decision makers.</p> <p>Gifts and Hospitality Policy</p>

9.8	The Gifts and Hospitality Policy has been refreshed to take account of the latest guidance released by NHS England for Managing Conflicts of Interest within CCGs.
9.9	Additional clarity has been provided in respect to the circumstances and financial limits to which gifts and hospitality is acceptable and the requirement to make an appropriate declaration.
9.10	The Policy is also explicit that GPs and other staff within the CCG's Member Practices are not required to declare offers and receipt of gifts or hospitality to the CCG where these are unconnected to their role and or work with the CCG.
9.11	<ul style="list-style-type: none"> • Whistleblowing Policy The CCG's Whistleblowing Policy has been updated to take into account guidance issued from the Department for Business, Innovation and Skills and 'Freedom to Speak Up: Raising Concerns Policy for the NHS' published after the Francis Review.

ID	Type	The Governing Body:	Owner
D/09/16	Decision	noted the update provided.	
D/09/17	Decision	received the Governing Body Assurance Framework.	
D/09/18	Decision	received the Corporate Risk Register.	
D/09/19	Decision	approved the refreshed Conflicts of Interest Policy.	
D/09/20	Decision	approved the refreshed Gifts and Hospitality Policy.	
D/09/21	Decision	approved the refreshed Whistleblowing Policy.	
A/09/06	Action	Additional principal risks and areas requiring assurance to be notified to Mrs Featherstone for inclusion in the GBAF	ALL

10	PUBLIC QUESTIONS
10.1	Dr Patel confirmed that no questions had been submitted in advance of the meeting and invited questions from the public gallery in relation to the business discussed.
10.2	There were no questions raised.

11	Transformation Funding Update And CCG Implementation		
11.1	<ul style="list-style-type: none"> • Transformation Fund Mr North included an update to the Governing Body around Transformation Funding in the Chief Officer update earlier in the meeting and had no additional information to add.		
11.2	<ul style="list-style-type: none"> • Digital Transformation Fund Mr North reported that Bury has submitted a bid for £600k for Information Technology (IT) from the national fund. Bury will go through a process over the next two weeks to establish whether the bid has been successful. The bid has been submitted with strong links built in relating to the primary care system. General Practice has a more comprehensive system for patient records.		
11.3	In terms of Information Governance, appropriate arrangements are being made for sharing information in primary care. Greater Manchester is leading on this piece of work.		
ID	Type	The Governing Body:	Owner
D/09/22	Decision	received the update.	
D/09/23	Decision	received the update.	

12	URGENT CARE RE-DESIGN
12.1	Mr North included an update on urgent care in the Chief Officer update earlier in the meeting and had no additional information to add.

13	COMMUNICATIONS AND ENGAGEMENT STRATEGY		
13.1	Mrs Featherstone presented the strategy for approval.		
13.2	The Strategy has been reviewed and refreshed to ensure the CCG's approach is fit for purpose amidst this period of transformation and change. The reviewed and refreshed Strategy has been considered by the Patient Cabinet, the Quality and Performance Committee and Senior Management Team, prior to submission to Governing Body for approval.		
ID	Type	The Governing Body:	Owner
D/09/24	Decision	Approved the refreshed Communications and Engagement Strategy.	

14	Closing Matters/Forward Plan		
14.1	Mrs Jackson informed Governing Body that she had made provision with Lloyds Pharmacy for CCG staff to receive the flu vaccination at the pharmacy. An email has been sent out to all CCG staff from the Communications Department requesting staff to email Mrs Jackson if they wish to receive the vaccination.		
14.2	Dr Patel reminded members of the CCG's AGM taking place today at the Fusilier Museum in Bury. The exhibition is from 6pm and the AGM from 7pm.		
14.3	The meeting ended at 16:40		

Governing Body Action Log

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

Title	Action	Lead	Status	Due Date	Update
A/09/01	Dr Patel, Dr Schryer and Dr Fines to update their declaration of interest form and submit it to the corporate office.	Dr Patel Dr Fines Dr Schryer		22-Nov-17	
A/09/02	Mrs Jones to arrange a meeting with Heather Crozier to discuss integrated engagement opportunities going forward.	Mrs Jones		22-Nov-17	
A/09/03	Mrs Jones agreed to check and confirm the information relating to the proportion of children living in a workless household in Bury as this was a high proportion over 8 years.	Mrs Jones		22-Nov-17	This action has been followed up and information was circulated to Governing Body members by Email on the 15 th November 2017.
A/09/04	Social care and prescribing – Dr Fines to circulate to Governing Body members the number of children’s safeguarding referrals and actual numbers of both adults and children rather than percentages.	Dr Fines		22-Nov-17	
A/09/05	Breakdown of the reasons for out of borough placements to be included with data. Dr Fines agreed to feed this request back.	Dr Fines		22-Nov-17	
A/09/06	Additional principal risks and areas requiring assurance to be notified to Mrs Featherstone for inclusion in the GBAF	ALL		22-Nov-17	