

Meeting: Governing Body			
Meeting Date	25 July 2018	Action	Approve
Item No.	3	Confidential	No
Title	Minutes and Action Log		
Presented By	Dr Jeff Schryer, CCG Chair		
Author	Emma Kennett, Corporate Affairs and Governance Manager		
Clinical Lead	-		

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 type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Title	Minutes of the Governing Body 23/05/18 – Meeting in Public		
Author	Emma Kennett		
Version	0.2		
Target Audience	Wider CCG and General Public		
Date Created	23 rd May 2018		
Date of Issue			
To be Agreed	25 th July 2018		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Governing Body 23/05/18 – Meeting in Public		
Document History:			
Date	Version	Author	Notes
31/5/18	0.1	Emma Kennett	Forwarded to the CCG Chair for review.
7/6/18	0.2	Emma Kennett	Amendments made.
Approved:			
Signature:			
		 Dr J Schryer, CCG Chair

Governing Body Meeting in Public

MINUTES OF MEETING

23 May 2018

Chair – Dr J Schryer, Chair

ATTENDANCE

Governing Body Members

Dr Jeff Schryer, CCG Chair
Mrs Fiona Boyd, Registered Lay Nurse
Mr David McCann, Lay Member for Patient and Public Involvement
Mr Stuart North, Chief Officer
Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery
Mr Mike Woodhead, Interim Chief Finance Officer
Dr Cathy Fines, Clinical Director
Mr Chris Wild, Lay Member, Finance and Audit
Mrs Catherine Jackson, Executive Nurse

Others in attendance

Mr Paul Horrocks, Communications Advisor
Mr Jon Hobday, Consultant in Public Health (in place of Ms Lesley Jones)
Mrs Emma Kennett, Corporate Affairs and Governance Manager
Mr Tyrone Roberts, Director of Nursing, Bury and Rochdale Care Organisation (for agenda item number 4)

Public Members/Observers

Mrs Caroline Dearden, Communications and Engagement Manager
Ms Mary Naylor, Bury Times
Ms Barbara Barlow, Public Member
Mr Craig Minter, Public Member
Mrs Anne-Marie Minter, Public Member

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	Dr Schryer welcomed those present to the meeting and noted apologies had been received from: - <ul style="list-style-type: none">• Mr Peter Bury, Lay Member for Quality and Performance• Mr Howard Hughes, Clinical Director
1.2	Dr Schryer advised that the quoracy requirements had not been satisfied, however in accordance with the CCG's constitution, at paragraph 6.10.6, the meeting would proceed and all decisions made would be in good faith and will remain valid. As this was outside the scheme of delegation, the Audit Committee would be notified in accordance with the Standing Orders.

2	Declarations Of Interest
2.1	Dr Schryer 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 .
	Declarations of interest from today's meeting
2.3	It was noted that there were no declarations of interest in relation to today's meeting agenda.
	Declarations of Interest from the previous meeting
2.4	It was noted that there were no declarations of interest in relation to the previous meeting.

ID	Type	The Governing Body:	Owner
D/05/01	Decision	Noted the published register of interests.	

3	Minutes Of The Last Meeting And Action Log
3.1	<ul style="list-style-type: none"> Minutes <p>The minutes of the Governing Body meeting held on 28th March 2018 were considered and agreed as a correct record.</p>
3.2	<ul style="list-style-type: none"> Action Log <p>The following updates were provided in relation to the Action Log: -</p> <ul style="list-style-type: none"> A/03/01 – Agreed that a further update on Urgent Care would be provided to the Governing Body in July 2018 which would be brought back at an earlier stage should this be deemed necessary from a governance perspective. It was noted that this action was not due until July 2018 therefore should remain on the Action Log as open. A/03/02 - Pennine Acute Trust to be invited to provide a presentation to the May 2018 Governing Body meeting in relation to the CQC report. It was noted that this item was included on today's meeting agenda therefore could be removed from the Action Log.

ID	Type	The Governing Body:	Owner
D/05/02	Decision	Approved the minutes of the meeting held on the 28 th March 2018 as a true and correct record.	
D/05/03	Decision	Closed the completed actions on the action log.	

4	CQC Presentation from Pennine Acute Trust
4.1	<p>Mr Tyrone Roberts, Director of Nursing, Bury and Rochdale Care Organisation was in attendance to provide a presentation in relation to the Bury and Rochdale Care Organisation Improvement Journey. In summary, the presentation covered: -</p> <ul style="list-style-type: none"> The improvement journey from 'requires improvement' to 'good' for Fairfield General Hospital and the 'good' rating maintained at Rochdale Infirmary. The individual indicators contributing to the overall ratings achieved for both the

	<p>Fairfield and Rochdale sites.</p> <ul style="list-style-type: none"> • The statistics associated with the Bury and Rochdale Care Organisation in terms of staffing (17,000+), income (£1.8bn) and beds across the four Organisations (2000+) and population served by Group (1 million +). • The vision, people and tasks associated with the improvement journey. This involved clinical working/visibility, the development of a Quality improvement strategy and challenge being openly encouraged. • The improvements made in respect of Fragile Services, 12 hour trolley waits, A&E, Harm Free Care and risk and governance. • The specific changes made in respect of Fragile Services in terms of employing Activity Coordinators on the wards were discussed. It was noted that this had been an innovative staff idea which had resulted in improvement with staff on the wards being able to dedicate more time to dealing with the more acute patients. • The NAAS results in terms of red, amber and green status across the specialities. • The focus for the remainder of the 2018/19 year.
4.2	<p>Mr Woodhead commented that the improvement work undertaken by the Bury and Rochdale Care Organisation had been extremely impressive. Mr North concurred that the progress made had been impressive and the changes in culture in shaping the improvement were evident as part of this work. It was noted that cultural change would be a key element as part of the ongoing Transformation programme in Bury across Health and Social Care partners.</p>
4.3	<p>Ms O'Dwyer enquired as to how the learning from the improvements would be shared across other Pennine Acute sites. Mr Roberts reported that the Quality Lead from each site met on a regular basis to share good practice and learning. There were also other communication mechanisms in place such as Health and Safety Huddles and WhatsApp Groups in place.</p>
4.4	<p>Mr McCann enquired about the mechanisms in place for learning from Patient and Public Members as part of the cultural change. Mr Roberts reported that more focus would be given to the Patient and Public engagement elements as part of the next phase of the Improvement Plan as there had been a need to focus on the safety areas in the first instance. It was noted that Patient feedback was currently obtained as part of the inpatient survey and Friends and Family Test however the Trust was endeavoring to build upon this work further. Mr McCann commented that he would be happy for a member of the Patient Cabinet to work with Pennine Acute Trust to help shape this future work.</p>

ID	Type	The Governing Body:	Owner
D/05/04	Decision	Noted the presentation	

5	CCG Chair and Chief Officer Update		
5.1	Mr North provided an update on the latest CCG developments.		
5.2	It was reported that a scheme had recently been launched in Bury which would give homeless people access to urgent Primary Care 24/7 which was one of the first nationally.		

ID	Type	The Governing Body:	Owner
D/05/05	Decision	Noted the update	

6 Financial Plan 2018/19 (moved forward from Agenda Item Number 14b)	
6.1	Mr Woodhead presented the final Financial Plan for 2018/19 to the Governing Body.
6.2	It was highlighted that the report updated members on the CCG's financial plan, based on the final submission to GMHSCP on 26 April 2018. It was noted that there was no material change to the headline figures already shared with members in April. These plans were therefore submitted as our final iteration under the delegated authority given to the Interim CFO by the Governing Body in April 2018.
6.3	It was reported that the CCG planned to break even in-year including: - <ul style="list-style-type: none"> • Holding the required 0.5% contingency of £1.5m. • Planning to make efficiency savings (QIPP) of £8.5m, of which 34% has no identified scheme yet. • A net risk position of £5.4m. • An underlying deficit of £3.2m. • Meeting minimum requirement for Better Care Fund (BCF) pooling. • Staying within the reduced running cost allocation of £4.32m.
6.4	Mr Woodhead informed members that the CCG was required to produce a Financial Improvement Plan for GMHSCP in light of the current net risk position of £5.4m and the current levels of unidentified QIPP.
6.5	Mr Wild commented on the discussions that had taken place at the Finance, Contracting & Procurement Committee in relation to the financial risk for 2018/19 and emphasised the importance for the CCG projecting an accurate financial forecast as part of this process. Dr Schryer concurred that the CCG needed to be honest about its financial position and the action being taken to mitigate any risks and the associated implications in this regard.
6.6	Mr Wild informed members that a discussion had taken place at the Extraordinary Audit Committee Meeting on the 21 st May 2018 about the potential implications of the CCG not achieving financial balance during 2018/19 in terms of referral to the Secretary of State and capacity and capability reviews being initiated which can be significantly time consuming and onerous for CCG staff. It was noted that External Audit (KPMG) had offered to attend a future Governing Body meeting to discuss these implications further however it was emphasised that the auditors role was not to advise on strategy.

ID	Type	The Governing Body:	Owner
D/05/06	Decision	Noted the contents of the report and the key risks to achievement of plans.	
D/05/07	Decision	Noted the production of an Improvement Plan to be submitted to the Greater Manchester Health and Social Care Partnership by the end of May 2018.	

7 Closing the Financial Gap – Progress Report	
7.1	Ms O'Dwyer submitted a report in relation to the closure of the Financial Gap for 2018/19.
7.2	It was reported that at the Governing Body meeting in March 2018, a number of proposals were considered and approved to support the closing of the CCG's financial gap for 2018/19.
7.3	It was highlighted that the purpose of this paper was to provide an update to the

	<p>Governing Body on progress to date including the findings of the Equality Impact Assessments (EIA) and Quality Impact Assessments (QIA) that have been undertaken on the schemes considered at the March Governing Body Meeting.</p>
7.4	<p>Ms O'Dwyer referred to Appendix 1 of the report and provided a summary of the findings of the EIA and QIA process in relation to the decisions reached at the March Governing Body in respect of the Vulnerable Patient Scheme, Trimipramine, Liothyronine, Orlistat, Wet AMD, Clinical Pharmacist, GP Sector Lead Meetings, Nicotine Replacement and the Minor Eye Conditions Scheme as follows: -</p> <p><u>Vulnerable Patient Scheme</u></p>
7.5	<p>The decision made at the March Governing Body meeting was to end the vulnerable Patient Scheme.</p>
7.6	<p>The EIA identified that ceasing the Vulnerable Patient Scheme could potentially adversely impact on one of the protected characteristics (age) and have a neutral impact on the remaining 8. It is considered that through the Quality in Primary Care Contract there is sufficient provision in place to ensure that appropriate care is delivered to those patients who would have previously been supported through this scheme. The QIA identified a neutral impact on quality as it is considered that this was an unsuccessful Quality Improvement scheme which was not utilised as expected.</p> <p><u>Trimipramine</u></p>
7.7	<p>The decision made at the March Governing Body meeting supported the recommendation to stop the local prescribing of Trimipramine.</p>
7.8	<p>A comprehensive EIA has been completed by NHS England in respect to items that should not routinely be prescribed in primary care¹, which includes Trimipramine. There is evidence that that common mental health disorders are more prevalent with some of the protected characteristics (age, ethnic group, disability, other), however the recommendation is to ensure that patients would be offered a suitable alternative. There are no recommendations that result in patients being disadvantaged by offering no alternative or one that was not agreed collaboratively by the patient and clinician.</p>
7.9	<p>Summary findings reflected that there was evidence as part of the proposals (NHSE) will support 2 of the 3 PSED aims, and could contribute to reducing inequalities in access to health services and health outcome. The overall recommendation of NHSE's EIA is that CCGs are encouraged to consider their local demographic and prescribing data available to ensure that local implementation decisions are effective and in line with legislation.</p> <p><u>Liothyronine</u></p>
7.10	<p>The decision made at the March Governing Body meeting supported the recommendation to stop the routine prescribing of Liothyronine in Primary Care.</p>

7.11	A comprehensive EIA has been completed by NHS England in respect to items that should not routinely be prescribed in primary care, which includes Liothyronine. There is evidence that that hypothyroidism is more prevalent with some of the protected characteristics. The draft recommendations for liothyronine ensure that patients would be offered a suitable alternative. There are no recommendations that result in patients being disadvantaged by offering no alternative or one that was not agreed collaboratively by the patient and clinician.
7.12	Summary findings reflect that there is evidence as part of the proposals (NHSE) will support 2 of the 3 PSED aims, and could contribute to reducing inequalities in access to health services and health outcome. The overall recommendation of the EIA is that CCGs are encouraged to consider their local demographic and prescribing data available to ensure that local implementation decisions are effective and in line with legislation.
7.13	<p><u>Orlistat</u></p> <p>The decision made at the March Governing Body meeting was to stop funding Orlistat in the local Prescribing for Clinical Need Policy</p>
7.14	The EIA identified a possible negative impact on one protected characteristic (disability) however alternative weight management strategies are preferred and commissioned. The QIA identifies a possible adverse impact on patient experience although also recognises the positive impact on delivery of clinical and cost effective care.
7.15	<p><u>Wet AMD</u></p> <p>Decision made : supported the approach to treat Wet Age-related macular degeneration with an alternative lower cost drug subject to a joint approach across Greater Manchester</p>
7.16	It was reported that in terms of the next steps in relation to Wet AMD, a Greater Manchester Group was being established to look at this issue further from a professional and legal perspective. It was noted that this group would be led by Mr McCann from Bury CCG.
7.17	<p><u>Clinical Pharmacist</u></p> <p>The decision made at the March Governing Body meeting was to cease funding the Clinical Pharmacist Scheme</p>
7.18	The EIA identifies a neutral impact on all protected characteristics from ceasing funding for the Clinical Pharmacist Scheme as the service will remain operational from existing provider funds. The QIA also identifies a neutral impact on quality as the service will continue to be provided, with the change proposed being to contract terms and not service delivery.
7.19	<p><u>GP Sector Lead Meetings</u></p> <p>The decision made at the March Governing Body meeting was to reduce funding for GP sector lead meetings</p>
7.20	The EIA and QIA have not been completed as the change does not impact on staff, service delivery or patients

7.21	<p><u>Nicotine replacement</u></p> <p>The decision made at the March Governing Body meeting was to defer the decision to no longer routinely prescribe nicotine replacement products pending further research</p>
7.22	<p><u>Minor Eye Conditions Scheme</u></p> <p>The March Governing Body meeting requested that the work around the Minor Eye Conditions Service be delegated to the Clinical Cabinet for further review.</p>
7.23	<p>The EIA identifies a neutral impact of the proposed changes as efficiencies are anticipated in the technology infrastructure of the service and not the pathway. As the full service review is undertaken, the EIA will be refreshed accordingly. Overall the QIA identifies a neutral impact of the proposed changes on the quality of service delivered As the full service review is undertaken, the QIA will be refreshed accordingly.</p>
7.24	<p>It was reported that the Primary Care Commissioning Committee had considered the Minor Eye Conditions Scheme at their meeting earlier today (23rd May 2018).</p>
7.25	<p>The report considered by the Committee outlined the work undertaken by the CCG in an attempt to validate the data shared by the provider, which shows a reduction in outpatient activity between 2013/14 and 2016/17, which the provider is attributing to the MEC Service. Given the limitations of the SUS data, the CCG BI and Finance team have been unable to account for the reduction in outpatient activity, therefore it was prudent to assume there is a likelihood the service has made a contribution to the reduction.</p>
7.26	<p>The Greater Manchester position was reflected in the paper and highlighted the intended direction of travel across GM in building the primary eye care service framework proposal, as part of the GM Primary Care strategy and commissioning plans for a foundation level offer of eye health services in primary care optical practices across GM. This is supported via a positive Independent Cost Benefit Analysis (CBA) and the proposal is for GM Commissioners to commission this collaboratively.</p>
7.27	<p>In conclusion, the Committee believed there was an opportunity to re-design the current service to realise some efficiencies and further enhance patient outcomes. The CCG would therefore explore opportunities to work collaboratively with key partners to undertake this work</p>
7.28	<p>Dr Fines presented Appendix 2 of the report which included an options paper in relation to Funded In Vitro Fertilisation (IVF) Cycles.</p>
7.29	<p>It was reported that at the March Governing Body meeting the issue of funded IVF cycles was considered. CCG Officers were asked to establish if there were any Greater Manchester wide proposals to review the number of funded IVF cycles offered, prior to the CCG reconsidering provision locally. Post Governing Body it was quickly established that there are no current Greater Manchester wide proposals to review the provision of IVF. With this information in mind, the issue was then considered further by the CCG's Clinical Cabinet at its meeting on the 2nd May 2018.</p>
7.30	<p>It was highlighted that various options were considered by Clinical Cabinet on 2nd May 2018. This paper provided the Governing Body with the recommendations from the Clinical Cabinet and also explores the issues to be considered to inform the Governing</p>

	Body decision.
7.31	Dr Fines commented that one of the main considerations included as part of the paper related to whether stakeholder engagement/consultation was required as part of any proposed changes within this area. It was reported that the initial legal advice received had indicated that there would need to be some form of public engagement undertaken with a range of different options offered to members of the public. To add some context, it was highlighted that NHS Bury CCG was 1 of only 4 CCGs in the country to be currently offering 3 cycles of IVF at present time.
7.32	Mr North reported that the CCG needed to ensure that it was in receipt of the final legal advice within this area prior to making any decisions/defining any next steps. It was proposed that Mr North should meet with the Chair of the Overview and Scrutiny Committee in the first instance prior to considering any next steps around proposed consultation or engagement. It was noted that should a consultation/engagement exercise be undertaken, it would be important for the CCG not to be stipulating any preferred options and would important to be listening to the public voice within this area.
7.33	Mr North reported that should a Greater Manchester approach to IVF emerge in the near future, there may be a need at that point to cease any local review and join a Greater Manchester approach. It was noted that as there were no clear timescales as to when a Greater Manchester approach may be considered, the CCG would want to move towards reviewing this area.
7.34	Mr Woodhead commented that any public consultation would need to be undertaken in the context of the wider financial position. As part of the wider position, there was an acknowledgement that difficult decisions needed to be taken during 2018/19 which would involve reviewing areas of spend that would have the least impact on the overall Bury population. Mr Wild highlighted that given the current financial position of the CCG and the net risk position of £5.4m, the CCG needed to ensure that it was reviewing all of its expenditure.
7.35	Mr McCann reported that the Patient Cabinet had reviewed the Financial Options paper at their meeting in March 2018 and it was apparent as part of these discussions that there needed to be further clarity as part of any consultation or engagement exercise around the definition of 'one cycle' and the success rates/statistics associated with each cycle. A general discussion took place regarding this matter.
7.36	Ms O'Dwyer highlighted that as the Director of Commissioning for the CCG, she would have wanted to be a position of being able to commission all services in line with NICE Guidance however given the current financial position of the CCG this had become a challenge. Ms O'Dwyer commented that there would be a significant amount of work involved as part of any consultation/engagement exercise and this needed to be carefully considered in the context of the other priorities currently being implemented across the CCG.
7.37	Mr North stated that the purpose of any consultation/engagement exercise would be to listen to public opinion and would not be about having a vote on the various options available.
7.38	Dr Schryer summarised the main discussion points considered as part of this agenda item and highlighted that in terms of next steps there was need for: - <ul style="list-style-type: none"> • The Chief Officer to have a meeting with the Chair of the Overview and Scrutiny

7.39	<p>Committee based on the final legal advice received in relation to IVF.</p> <ul style="list-style-type: none"> • No preferred option should be given as part of any consultation/engagement on IVF should this approach be agreed with the Overview and Scrutiny Committee Chair. • The CCG should listen to the views of the public on the various options of any consultation/engagement exercise on IVF. • A Greater Manchester approach on IVF should be adopted should this be timely. <p>In terms of the Minor Eye Conditions Service discussed at PCCC, it was noted that there was an opportunity to re-design the current service to realise some efficiencies and further enhance patient outcomes. The CCG would therefore explore opportunities to work collaboratively with key partners to undertake this work.</p>
------	--

ID	Type	The Governing Body:	Owner
D/05/08	Decision	Noted the update and progress reports on each of the schemes considered at the March Governing Body Meeting. (Appendix 1)	
D/05/09	Decision	Considered whether any of the EIA or QIAs would require further consideration of the decisions taken in March 2018. (Appendix 1)	
D/05/10	Decision	Ratified the decision made by the Primary Care Commissioning Committee in relation to the Minor Eye Conditions Service to re-design the current service to realise some efficiencies and further enhance patient outcomes. The CCG would therefore explore opportunities to work collaboratively with key partners to undertake this work.	
D/05/11	Decision	<p>Considered the specific paper on In vitro Fertilisation (IVF) and determine next steps. (Appendix 2). It was noted that should an approach be agreed with the Chair of the Overview and Scrutiny Committee: -</p> <ul style="list-style-type: none"> (i) no preferred option should be given as part of any consultation/engagement exercise. (ii) The CCG should ensure that it listens to the views of the public on the various options available. (iii) A Greater Manchester approach on IVF should be adopted if this is timely however it was likely that the CCG would need to undertake any review on an individual basis at present time. 	
A/05/01	Action	The Chief Officer to have a meeting with the Chair of the Overview and Scrutiny Committee based on the final legal advice received in relation to IVF	Mr North

8.	2017/18 Annual Accounts and Annual Report
	<u>2017/18 Annual Accounts and Letter of Representation</u>
8.1	Mr Woodhead submitted the 2017/18 Annual Accounts and letter of representation to the Governing Body for approval.
8.2	It was reported that the Audit Committee had discussed the Annual Accounts at their Extraordinary meeting on the 21 st May 2018 and the comments made by the Committee would be taken into account as part of the final version being submitted to NHS England on the 29 th May 2018.
8.3	Mr Wild commented that KPMG had been complementary in relation to the CCG's end of year process and the work of the Finance Team in this regard. Dr Schryer congratulated the Finance Team for all of their hard work undertaken as part of the 2017/18 accounting process.
	<u>2017/18 Annual Governance Statement and Annual Report</u>
8.4	Mr North presented the draft Annual Report for 2017/18 to the Committee for approval.
8.5	It was reported that the CCG was required to publish an Annual Report in accordance with statutory and regulatory guidance. It was noted that further work had been undertaken to present a comprehensive annual report which reflected the achievements of the CCG over the reporting period.
8.6	The report had been shared the CCG's Senior Management Team, and a review of the initial draft submission of the report was undertaken by the Greater Manchester Health and Social Care Partnership, from which additional points were highlighted and addressed.
8.7	It was highlighted that the Audit Committee had considered the draft report and their extraordinary meeting on the 21 st May 2018 and had made a number of comments that would be taken into account as part of the final report submitted to NHS England on the 29 th May 2018.

ID	Type	The Governing Body:	Owner
D/05/12	Decision	Approved the 2017/18 Annual Accounts and letter of representation.	
D/05/13	Decision	Approved the 2017/18 Annual Report.	

9	2018/19 Strategic Objectives
9.1	Ms O'Dwyer presented a report to provide an update on the review of strategic objectives which has been undertaken.
9.2	It was reported that at the Governing Body development session in April 2018, members of the Governing Body proposed some changes to the existing Strategic Objectives. This included removing, rewording or adding to the existing objectives. It was noted that feedback from staff was also requested and this is included within the report.
9.3	Ms O'Dwyer referred to the newly proposed objectives included at Appendix 1 of the report and enquired whether Governing Body members were content with the revisions that had been made.

9.4	Dr Fines referred to Strategic Objective 2 'To drive and support system wide transformation in priority areas' and enquired whether the 'in priority areas' element could be removed given that the priority areas could be interpreted as meaning different things.
9.5	Dr Schryer referred to the feedback received from staff included as part of the report and whether any further action was required as a result of the comments received. Mr McCann emphasised that this exercise needed to form part of a wider staff engagement piece of work and there was a need for staff to see changes made as a result of any comments they make which linked with organisational culture. To support this process, it was agreed that some further information/ an action plan should be brought back to the Governing Body as to how the organisation was planning on achieving Strategic Objectives 1 (To encourage people so that they want to and do, take responsibility for their own health and wellbeing) and 6 (To be a high-performing, well run and respected organisation with an empowered workforce).

ID	Type	The Governing Body:	Owner
D/05/14	Decision	Approved the proposed strategic objectives as developed through the Governing Body Development Session and in the context of the feedback received from staff members and the change required to Strategic Objective 2 as described above.	
A/05/02	Action	Agreed that Strategic Objective 2 should be amended to state 'To drive and support system wide transformation'.	Ms O'Dwyer
A/05/03	Action	Further information to be brought back to a future Governing Body around the delivery of Strategic Objectives 1 and 6.	Ms O'Dwyer

10	Bury One Shadow Partnership Commissioning Board Terms of Reference		
10.1	Dr Schryer presented the Terms of Reference for the Shadow Partnership Commissioning Board for approval.		
10.2	It was noted that the inaugural meeting of the Board had taken place on the 17 th April 2018.		
ID	Type	The Governing Body:	Owner
D/05/15	Decision	Approved the Terms of Reference for the Bury One Shadow Partnership Commissioning Board.	

11	Public Questions		
11.1	A question was raised in relation to the 'Closing the Financial Gap for 2018/19' report and the associated Appendix in relation to IVF.		
11.2	It was reported that there was evidence to suggest that individuals were more likely to be successful as part of their second cycle of IVF hence an option to reduce the number of IVF cycles from 3 to 1 could significantly reduce the chances of success. Dr Fines enquired whether this related to the second implantation rather than cycle as these two elements could often be confused. Mr North highlighted that there would need to clear definitions of 'cycles' and 'implantations' included as part of any public engagement/consultation exercise within this area. It was noted that further information could be gathered from Fertility Network UK in this regard.		

11.3	It was highlighted that there was a need to consider the adverse impact that the IVF process could have on Mental Health and associated services. Mr McCann commented that this component had also been raised by the Patient Cabinet and was important for the CCG to take this into account.		
11.4	Dr Schryer emphasised that it would be useful to develop a service user friendly set of slides/a video including all of the key background information in relation to IVF.		
ID	Type	The Governing Body:	Owner
D/05/16	Decision	Noted the questions raised.	

12	Transformation Update		
12.1	Mr North provided an update on the latest Transformation developments. It was reported that: - <ul style="list-style-type: none"> • Work was ongoing with the Locality Care Alliance (LCA) to drive forward the transformation plans. • The implementation plans were currently being refreshed. 		
ID	Type	The Governing Body:	Owner
D/05/17	Decision	Noted the CCG Chair and Chief Officer's update.	

13	Committee Chair Reports		
	<u>Clinical Cabinet</u>		
13.1	Dr Fines presented the latest summary report from the Clinical cabinet Meeting held on the 2 nd May 2018.		
13.2	The key discussions held at the meeting related to IVF and Bury Hospice.		
	<u>Patient Cabinet</u>		
13.3	Mr McCann submitted the latest update report from the Patient Cabinet Meeting held on the 5 th April 2018.		
13.4	It was reported that one of the main focuses at the meeting had been around Committee effectiveness.		
13.5	Mr Horrocks enquired about the process for Patient Stories being developed as part of the Patient Cabinet and subsequently being presented to the Governing Body. Dr Schryer commented that this process was currently being explored further as part of a separate piece of work.		
	<u>Primary Care Commissioning Committee</u>		
13.6	Ms O'Dwyer provided a verbal update from the Primary Care Commissioning Committee that has taken place earlier today (23 rd May 2018).		
13.7	The Committee had discussed/agreed: - <ul style="list-style-type: none"> • A different approach to Quality in Primary Care. • A new specification in relation to a Special Allocation Scheme. • The Minor Eye Conditions Service as described as part of the Closing the 		

Financial Gap item earlier in the agenda.

ID	Type	The Governing Body:	Owner
D/05/18	Decision	Noted the Clinical Cabinet Chair's report	
D/05/19	Decision	Noted the Patient Cabinet Chair's report.	
D/05/20	Decision	Noted the Primary Care Commissioning Committee Chair's report	

14 Quality and Performance Committee Report

Quality and Performance Committee Chair's Report

14.1 Members received copies of the latest Quality and Performance Committee Chair's report which provided an update on the key issues discussed at the meeting on the 9th May 2018.

14.2 Ms O'Dwyer referred to the Ambulance Response programme times and was noted that data was not feeding through against the new measures. In 18/19, this standard had been stepped down from the Quality Premium as one of the constitutional gateways. It was suggested that the issue around lack of data be picked up with Blackpool CCG lead commissioner for NWAS. It was noted that if the data was not received the confidence level should be rated as red.

Quality Accounts 2017/18

14.3 Mrs Jackson submitted the 2017/18 Quality Accounts which provided a summary of the quality of care delivered by providers and particularly in the priority areas defined in the accounts from 2016/17. Mrs Jackson commented that she would be happy to answer any specific questions in relation to the accounts outside of the meeting as required.

Planning Guidance 2018/19

14.4 Members received an update on the 2018/19 Planning Guidance for information purposes.

Safeguarding Dashboard

14.5 Members received copies of the latest Safeguarding update for Quarter 4 of 2017/18.

ID	Type	The Governing Body:	Owner
D/05/21	Decision	Noted the Quality and Performance Committee Chair's Report.	
D/05/22	Decision	Noted the Quality Accounts for 2017/18.	
D/05/23	Decision	Noted the Planning Guidance update for 2018/19.	
D/05/24	Decision	Received the Safeguarding Dashboard Report.	

16 Closing Matters

15.1 Dr Schryer summarised the main discussions and decision areas from today's Governing Body meeting and thanked members for their contributions.

ID	Type	The Governing Body:	Owner
D/05/25	Decision	Noted the information	

Governing Body Action Log

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

Title	Action	Lead	Status	Due Date	Update
A/03/01	Agreed that a further update on Urgent Care would be provided to the Governing Body in July 2018 which would be brought back at an earlier stage should this be deemed necessary from a governance perspective.	Mr North		25 th July 2018	To be covered under the CCG Chair and Chief Officer Update for the July 2018 meeting.
A/05/01	The Chief Officer to have a meeting with the Chair of the Overview and Scrutiny Committee based on the final legal advice received in relation to IVF	Mr North		25 th July 2018	To be covered under the CCG Chair and Chief Officer Update for the July 2018 meeting.
A/05/02	Agreed that Strategic Objective 2 should be amended to state 'To drive and support system wide transformation'.	Ms O'Dwyer		25 th July 2018	
A/05/03	Further information to be brought back to a future Governing Body around the delivery of Strategic Objectives 1 and 6	Ms O'Dwyer		25 th July 2018	