

**MINUTES/ACTION NOTES**

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| <b>Name of meeting</b> | <b>Governing Body meeting in Public</b> |   |
| <b>Date and time</b>   | 23 <sup>rd</sup> July 2013, 2.00 p.m.   |   |
| <b>Venue</b>           | Radisson Blu Edwardian Hotel, Guildford |   |
| <b>Chairman</b>        | Dr David Eyre-Brook                     | CCG Vice Chair  |
| <b>Members</b>         | Dr Susan Tresman (ST)                   | Vice Chair (Lay Member Governance & Quality)  |
|                        | Dr Darren Watts (DW)                    | Vice Chair (Clinical)/GP Member   |
|                        | Dr Jonathan Inglesfield (JI)            | Medical Director (Commissioning)/GP Member  |
|                        | Dr Jonathan Barnardc (JB)               | GP Member   |
|                        | Dr Ann Hennell (AH)                     | GP Member   |
|                        | Phelim Brady (PB)                       | Lay Member Patient & Public Engagement  |
|                        | Stephen Park (SP)                       | Lay Member Finance & Audit  |
|                        | Robin Forward (RF)                      | Practice Manager Representative   |
|                        | Phil Orwin (PO)                         | Chief Officer   |
|                        | Karen McKinlay (KMc)                    | Chief Finance Officer   |
|                        | Lucy Botting (LB)                       | Director of Quality and Governance  |
|                        | Joe McEvoy (JM)                         | Director of Clinical Commissioning  |
| <b>In attendance</b>   | Jankia Sowerbutts (JS)                  | Consultant in Public Health (Dental) (Surrey County Council)                                    |
|                        | Chris Snook-Lumb (CSL)                  | Deputy Chief Officer and Director of Strategy   |
|                        | Diane McCormack (DMc)                   | Associate Director of Children's Commissioning (interim)  |
|                        | David Sargeant                          | Assistant Director Personal Care and Support Adult Social Care Services (Surrey County Council) |
|                        | Chris Head (CH)                         | Governing Body Secretary (note taker)   |
| <b>Apologies</b>       | Dr Geoff Watson (GW)                    | Medical Director (Acute)  |
|                        | Dr Elizabeth Rayment (ER)               | GP Member   |

NB: Those present at this meeting should be aware that their names will be listed in the notes of the meeting which may be released to members of the public on request under Freedom of Information requirements.

|                        | <b>DISCUSSION AND NEW ACTIONS</b>  | <b>BY WHOM</b> | <b>DEADLINE</b> |
|------------------------|--|----------------|-----------------|
| <b>1</b>               | <b>Introductions</b>   |                |                 |
| <b>GB0713/<br/>1.1</b> | <p><b>Apologies for Absence</b></p> <p>DEB welcomed everyone to the meeting and advised that apologies had been received as above.</p>   |                |                 |
| <b>GB0713<br/>/1.2</b> | <p><b>Register of Interests</b></p> <p>DEB asked if members had any additional conflicts of interest to declare. There were none. DEB advised that the Governing Body register of interests was available at the meeting for members of the public to view and also available on the Guildford and Waverley CCG website.</p>   |                |                 |
| <b>GB0713<br/>/1.3</b> | <p><b>Chair's introduction and opening remarks</b></p> <p>DEB welcomed Jonna Hussey, Interim Director of HR, who would be with the CCG until 31<sup>st</sup> March 2013 reporting to the Chief Officer, who would be presenting item 2.2 and 2.3 on the agenda.</p> <p>DEB advised of a correction to the agenda, the committee minutes would be presented by the chairs of the committees and not the executive leads as indicated on the agenda.</p> <p>DEB advised this was the second public meeting of the CCG. Future meetings will become increasingly clinically focused, however, the agenda for this meeting and the next couple reflected the requirement for the Governing Body to approve and adopt CCG policies and procedures. It was also an opportunity to reflect on the first '100 days' progress and achievements on the CCG's focus on high quality, accessible services.</p> <p>DEB advised that three questions had been received from the public which would be answered at the meeting. A fourth had been received after the deadline and this question will be responded to in writing outside of the meeting and brought back to the next meeting, if the questioner so wishes.</p> |                |                 |





|                | DISCUSSION AND NEW ACTIONS  | BY WHOM | DEADLINE |
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| GB0713<br>/1.6 | <p><b>Chief Officer's report</b><br/>PO highlighted four key points from the report:</p> <ul style="list-style-type: none"> <li>➤ <b>BMI Mount Alvernia</b> - there is currently a CCG quality assurance exercise being undertaken. The CCG will not be supporting NHS referrals until satisfactory completion of its own assurance process and that of the Care Quality Commission (CQC).</li> <li>➤ <b>Government spending review</b> – there will be a contribution of funding for 2014/15 for investment in integration of health and social care taken from CCG allocations. NHS Guildford and Waverley CCG's contribution will be approximately £7.5 million. Discussions have taken place at the Surrey CCG's Collaborative on county wide investment and local investment will be agreed by the Local Transformation Board.</li> <li>➤ <b>The NHS belongs to the People: "A Call to Action"</b>. The CCG are meeting with NHS England on the 24 July and will be enquiring what regional and local events will be held to underpin this work. CCG specific events will also be held.</li> <li>➤ <b>Keogh Review</b> – this is a significant review that the Governing Body need to be sighted on, and manage local response through Quality and Governance committee.</li> </ul> <p><b>The Governing Body noted the content of the report</b></p> |         |          |
| <b>2</b>       | <b>Governance and Assurance</b>   |         |          |
| 2.1            | <p><b>Quality and Safety Report</b><br/>LB highlighted the following key points from the report:</p> <ul style="list-style-type: none"> <li>➤ <b>Royal Surrey County Hospital (RSCH)</b> – there had been one MRSA incident in May, which was the first case in 2013/14.<br/>The new national serious incident policy has changed the requirements for reporting to CCGs. Under the new requirements, the reporting of incidents relating to patients from outside the CCG's area would not be included. This issue has been raised with NHS England and it is important to ensure that RSCH continue to report all incidents to the CCG.</li> <li>➤ <b>Learning Disability patients</b> – campaigns and "passports" for patients are to be given more prominence as this had decreased due to transition.</li> </ul>   |         |          |

|  | DISCUSSION AND NEW ACTIONS  | BY WHOM   | DEADLINE |
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|  | <p>The Adult Safeguarding nurse is taking forward with RSCH.</p> <ul style="list-style-type: none"> <li>➤ <b>BMI Mount Alvernia</b> – The Quality and Governance team have undertaken a quality process assurance visiting Mount Alvernia between 24<sup>th</sup> and 28<sup>th</sup> June. Once this work is finalised it will be presented to the Governing Body. The team are currently working with Mount Alvernia on outstanding issues. As part of the process there will be a Governing Body to Board challenge session.</li> <li>➤ <b>Continuing Healthcare</b> – Surrey Downs CCG are the lead for continuing healthcare. There are some reviews which have not been completed in a timely fashion, a position inherited from the PCT. The Adult Safeguarding Nurse is working with Surrey Downs CCG to resolve this issue.</li> <li>➤ <b>Safeguarding</b> – the CCG have been invited by Surrey County Council to join the domestic abuse and sexual exploitation groups. Safeguarding and safeguarding training had been an agenda item at the GP education event on 3 July 2013.</li> </ul> <p>JI asked with regard to domestic abuse and sexual exploitation whether the increased level of complaints was due to general incidence raising awareness. LB advised that this was likely to be due to various reasons and reported that the CCG's incident rates are consistent with the rest of Surrey.</p> <p>PB questioned the rise in the number of complaints in May for RSCH. LB advised that there had been close working with RSCH in a collaborative approach to quality and that the figures were not out of line with those of similar sized hospitals.</p> <p>AH asked when the backlog of continuing healthcare assessments would be cleared. LB advised that Surrey Downs CCG are the lead on this and that the commissioning team are undertaking a review of backlogs and the implications. The Adult Safeguarding nurse is working on an action plan to take forward in the next 2-3 weeks.</p> <p><b>The Governing Body noted the report</b></p> | <p>LB</p> |          |

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| 2.2 | <p><b>Policies and Procedures</b></p> <p><u>Update</u><br/>LB advised that the update paper advised the Governing Body of the work to date and currently being undertaken with regard to CCG policies and procedures. A number of the policies were on the agenda of the meeting for approval by the Governing Body. Included in the paper was a breakdown of policies by specialty. It is planned to have all policies and procedures approved by the end of September. In the interim predecessor policies and procedures from Surrey PCT remained in place, where CCG had not developed its own policies.</p> <p><b>The Governing Body noted the progress made</b></p> <p><u>HR Policies</u><br/>JH outlined the process for the first phase of review of HR policies inherited from NHS Surrey. These policies, when approved, would be available on the CCG intranet. The HR policies presented to the Governing Body were:</p> <ul style="list-style-type: none"> <li>➤ Dignity at Work Policy</li> <li>➤ Disciplinary and Capability Policy</li> <li>➤ Grievance Policy</li> <li>➤ Employment Policy</li> <li>➤ Fair Treatment at Work Policy</li> <li>➤ Sickness Absence Policy</li> <li>➤ Email and Internet Usage Policy</li> <li>➤ Whistle Blowing Policy</li> </ul> <p><b>The Governing Body approved the above policies.</b></p> <p><u>Financial Control Environment – Financial Policies</u><br/>KMc advised that the financial policies had been reviewed and strengthened. Eleven policies, which had been reviewed by the Audit Committee, were presented to the Governing Body for approval. The Audit Committee recommendation was for checks to be undertaken to one of the policies and a change to the current value included in another policy.</p> <p>SP reported that the Audit Committee had reviewed the Receipt Of Hospitality, Gifts and Inducements policy and was recommending to the Governing Body that the appropriate amount for acceptance of gifts and hospitality should be amended to £10 instead of the £50</p> | KMc     |          |



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|     | <p>currently in the policy, this was in line with counter fraud advise and as advised by South Coast Audit.</p> <p>The finance policies presented to the Governing Body were:</p> <ul style="list-style-type: none"> <li>➤ Scheme of Delegation</li> <li>➤ Standards of Business Conduct</li> <li>➤ Detailed Financial Policies (document to support PFPs)</li> <li>➤ Fraud, Bribery and Corruption Policy and Response Plan</li> <li>➤ Parallel Sanctions Joint Protocol</li> <li>➤ Losses and Special Payments</li> <li>➤ Tendering Procedures</li> <li>➤ Procurement of Management Consultants</li> <li>➤ Receipt of Hospitality, Gifts and Inducements</li> <li>➤ Reimbursement of Expenses</li> <li>➤ Summary of Financial Policies (Staff Guide)</li> </ul> <p><b>The Governing Body reviewed and approved the policies with the above amendment to the Receipt of Hospitality, Gifts and Inducements policy.</b></p>   |         |          |
| 2.3 | <p><b>HR Report</b></p> <p>JH highlighted the following:</p> <ul style="list-style-type: none"> <li>➤ Organisational consultation affecting Clinical Commissioning and Primary Care Liaison was underway.</li> <li>➤ HR policy development was making good progress with policies being reviewed with the CCG's Staff Partnership Forum.</li> <li>➤ Ongoing recruitment activity was taking place to bring the CCG up to full establishment.</li> <li>➤ Staff survey received a high response rate and 90% of staff being satisfied in their job. An action plan to address areas of focus highlighted from the survey is being implemented and focuses on increasing staff engagement, communication and health and wellbeing.</li> </ul> <p>SP applauded the excellent start and PO felt it was a good staff survey result particularly in view of the difficult transition period that staff had been through, and was extremely encouraging. PO noted that a further staff survey would be undertaken in October.</p> <p><b>The Governing Body noted the report</b></p> |         |          |

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| 2.4 | <p><b>Organisational Development Strategy</b><br/>LB presented the strategy. The strategy follows on from the strategy worked up at the time of authorisation. The strategy focuses on the development needs of the organisation over the next two years. The strategy is based on a distributed leadership style and includes staff, Governing Body members and member practices. The appendices to the paper advise, at a high level, of the bespoke programmes of staff development. The next phase is to work with the OD GP lead and member practices. A report will be presented to the Governing Body within 3 months.</p> <p>DW enquired about the feedback received from GP practices. LB advised that this was work in development and the practices had responded positively.</p> <p><b>The Governing Body approved the draft high level Organisational Development Strategy</b></p>   | LB            |          |
| 2.5 | <p><b>CCG Membership Proposal</b><br/>PB outlined the proposal presented, acknowledging that there exists a system for working with patients and the public but that the CCG recognises that this is not adequate for what it is working to achieve. The purpose of the proposal is to involve wider representation and includes two propositions; a membership scheme and a community health champion programme.</p> <p>There was considerable support and interest from the Governing Body for this proposal.</p> <p>DW asked about the checks and balances around ensuring that all groups were reached. PB responded that there is a considerable amount of data available on the Surrey County Council website to interrogate. JS suggested that there were other pieces of work that could be linked into, i.e. Dementia Friendly Surrey and links could be included on the CCG's website. JS also suggested that the website could be a tool for preventative self-care, which Public Health would be able to advise on.</p> <p>JMc offered to work with PB and LB around Learning Difficulties accessibility issues.</p> <p><b>The Governing Body approved the options set out in the paper and the next steps for taking the proposals forward</b></p> | LB/PB/J<br>Mc |          |



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|            | <p>There was a demonstration to the Governing Body and public of the CCG's website. DEB thanked Sarah Keen for her work in developing the new website.</p>  |              |          |
| <b>2.6</b> | <p><b>Primary Care Update</b><br/>           DW advised on the practice visits being undertaken, which were a two way process of communication and receiving feedback. The next step is to put together the priorities identified by the practices and implementation. A major priority that emerged was the GP IT systems. Discussions are underway with regard to upgrading to EMIS web and the finance for this.</p> <p>Individual data for practices to aid improvements is in the process of being developed and will be received soon by the practices.</p> <p><b>The Governing Body approved the recommendations</b></p>   |              |          |
| <b>2.7</b> | <p><b>Legacy Governance Issue: Care Homes</b><br/>           LB advised the paper updated the Governing Body on care homes in Guildford and Waverley around work being undertaken regarding assurances on quality. All care homes in Guildford and Waverley have been visited by CQC in the past year. Work was being undertaken to assure quality working closely with other organisations to look at issues.</p> <p>A dashboard has been worked up and included in the paper. LB advised that 42 of the care homes in Guildford and Waverley are CQC compliant, with 58 where there are some concerns re patient quality/experience. LB advised that an Older Persons a Care Home workshop day had taken place, jointly organized by Surrey Care Association and Guildford and Waverley CCG. A presentation was given by AH as lead for Frail Elderly and Unplanned pathway.</p> <p>DS suggested that with regard to national domiciliary care concerns, this could be an area for joint working as the next stage. LB welcomed working collaboratively with the Local Authority.</p> <p><b>The Governing Body noted the report and agreed the proposed strategy to minimise risk</b></p> | <b>LB/DS</b> |          |

|             | <b>DISCUSSION AND NEW ACTIONS</b>   | <b>BY WHOM</b> | <b>DEADLINE</b> |
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| <b>2.8</b>  | <p><b>Looked After Children Report</b></p> <p>LB advised the paper presented to the Governing Body was an update on a legacy issue in relation to Looked After Children. For the past 3-4 years there has been a back log of health assessments. The CCG, as lead, have looked to resolve this long standing issue, working closely with the Local Authority, Surrey Safeguarding Children's Board, professionals and providers.</p> <p><b>The Governing Body noted the report</b></p>  |                |                 |
| <b>2.9</b>  | <p><b>Transition</b></p> <p>CSL reported on the provision of commissioning support services to the CCG. The CSU selected was South London and a full mobilisation plan had been received from them. There were still some services and costs to be agreed. It is planned for negotiations to be finalised by the end of the month.</p> <p>CSL advised that good progress had been made in recruitment to the additional internal staff posts to reflect the change in services outsourced to the South London CSU.</p> <p>The significant outstanding risks are delivery of the mobilisation plan for the new CSU, the CCG move to Dominion House and ensuring no disruption to business as usual, and continuing to deliver improvements to GP IT systems in the context of the CSU transition and the requirement to obtain clarity with respect to funding from NHS England.</p> <p><b>The Governing Body noted the report</b></p> | <b>CSL</b>     |                 |
| <b>2.10</b> | <p><b>NHS Guildford and Waverley CCG Prospectus 2013/14</b></p> <p>A copy of the prospectus was included with the papers at the meeting. PB advised this was work in progress as the CCG moved forward and welcomed comments.</p> <p>JB asked about the method of distribution. PB advised that these were taken to various groups, when visited. LB advised that the prospectus was also available on the CCG's website.</p> <p><b>The Governing Body noted the next steps and formally received the 2013/14 Prospectus</b></p>  |                |                 |

|      | DISCUSSION AND NEW ACTIONS   | BY WHOM | DEADLINE |
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| 2.11 | <p><b>Board Assurance Framework and Corporate Risk Register</b><br/>           LB advised that these were presented for the Governing Body to note the risks included within the documents. The next step was to take the framework and register to practices.<br/>           LB explained that the higher risks are decreasing on the Board Assurance Framework due to more controls being put in place or issues being resolved.</p> <p>With regard to the Corporate Risk Register due to controls being put into place risks are now slightly more medium risk rather than high risk. There is a slight increase around care homes/quality concerns, which it is anticipated will be reduced by collaborative working.</p> <p>SP advised that the Audit Committee acknowledges the degree of progress that has been made and congratulated the team on their work.</p> <p><b>The Governing Body noted the progress made and the latest version of the Board Assurance Framework and Corporate Risk Register</b></p> |         |          |
| 3    | <b>Clinical Commissioning</b>  |         |          |
| 3.1  | <p><b>Quality, Innovation, Productivity and Prevention Programme (QIPP)</b><br/>           JMc highlighted</p> <ul style="list-style-type: none"> <li>➤ For the Governing Body to note the first step of the control framework is completed and operational.</li> <li>➤ The QIPP target for 2013/14 is £7.5m. The paper included detail on the position for the first month of the schemes.</li> <li>➤ There is recognition of the remaining gap where schemes need to be identified.</li> <li>➤ Next steps are to improve on position adopting a new way of working.</li> </ul> <p><b>The Governing Body noted the report and approved the next steps</b></p>   | JMc     |          |



|     | DISCUSSION AND NEW ACTIONS  | BY WHOM | DEADLINE |
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| 4   | <b>Performance and Finance</b>  |         |          |
| 4.1 | <p><b>Month 2 finance report</b><br/>KMc drew the Governing Body's attention to the following in the Month2 finance report:</p> <ul style="list-style-type: none"> <li>➤ Page 1 - to note the number of statutory duties the CCG need to achieve. The target for revenue resource is £225.8m with a forecast of £224.7 million. The cash resource limit and the capital resource limit have not yet been notified. Once these are known the CCG need to ensure it keeps on track for both of these targets.</li> <li>➤ The CCG's target of 95% of invoices paid in 30 days was below target for month 2. A number of processes and controls have been put in place to improve this.</li> <li>➤ £1.1 million surplus is still planned to be achieved.</li> <li>➤ QIPP £7.5 million target - forecasting that will be achieved but is recorded on the risk register as Red.</li> <li>➤ Running costs target is on track to deliver at £25/head.</li> <li>➤ Figure 1a and 1b shows financial performance for month 2. It should be noted that there is very limited data available for month 2, therefore budgets are assumed to be delivering against plan.</li> <li>➤ Figure 2 is a reminder of potential risks throughout the year which will be reflected in the numbers from Month 3. The current top risk is due to be closed off.</li> <li>➤ Figure 8 – to note 2013/14 opening balance sheet is stated as nil but there will be a transfer from an element of the NHS Surrey balance sheet this is expected to be complete by September and will be subject to a review from the Auditors.</li> </ul> <p><b>The Governing Body noted the report and the financial position for 2013/14</b></p> | KMc     |          |

|     | DISCUSSION AND NEW ACTIONS   | BY WHOM | DEADLINE |
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| 4.2 | <p><b>Planning/contract cycle</b><br/>KMc advised that the brief report had been included as a starting point for the initial contracting cycle plans for 2014/15. The aim would be to have budgets set and contracts signed by the end of February 2014. The Governing Body would be supplied with a monthly update on progress.</p> <p><b>The Governing Body agreed and approved the plan</b></p>  | KMc     |          |
| 4.3 | <p><b>Performance Report</b><br/>CSL gave a verbal report.</p> <ul style="list-style-type: none"> <li>➤ Radiotherapy standard has not been achieved by RSCH in April, this has improved in May, however the standard was still not met for CCG patients, assurances are being sought that the current standards can be maintained on an ongoing basis,</li> <li>➤ A&amp;E – the clinical commissioning team are undertaking work in this area and the CCG are seeking further assurances that the current improvement can be sustained.</li> <li>➤ Ambulance services – there was an improvement in May. The performance team are directly involved to resolve treatment performance.</li> </ul> <p>Referral to Treatment performance has deteriorated at RSCH from April to May, there are 4-5 specialties that are struggling to achieve the standards. The contractual levers have been applied and financial penalties have been levied, however the CCGs focus is for RSCH to recover its performance and improvement plans and trajectories have been sought from each specialty where the standard is not being achieved.</p> |         |          |
| 4.4 | <p><b>Commissioning Intentions 2014/15</b><br/>JI advised that discussions had taken place at a Governing Body meeting and Practice Council with regard to the commissioning intentions. The paper was a high level summary of the clinical areas that are developing. JI highlighted:</p> <ul style="list-style-type: none"> <li>➤ Prevention and public health – focusing on interventions in the areas where most needed. The initiatives will be measured to ensure effectiveness,</li> <li>➤ Transforming elderly care – looking at principles for choosing to admit and alternatives, looking at effective discharge plans. Work is underway with RSCH to</li> </ul>   |         |          |

|     | DISCUSSION AND NEW ACTIONS  | BY WHOM | DEADLINE |
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|     | <p>incentivise to support the outcomes, and with Virgin Care to ensure care is available in the community.</p> <ul style="list-style-type: none"> <li>➤ Planned care – move to more real time referral support service to understand what clinical needs are</li> <li>➤ Long Term Conditions – to focus on multiple conditions with patient focus and not condition focus. Education and support will be given to clinicians.</li> <li>➤ Mental health – to improve access and aim for patients to experience seamless care. The CCG are working with RSCH to ensure that there is a good emergency care service.</li> </ul> <p>ST commented that it was good to see involvement of public and patients in the commissioning intentions and asked if there was potential for increasing this involvement in future commissioning planning. JI responded that this would be the case.</p> <p><b>The Governing Body approved the 2014/15 Commissioning Intentions</b></p> |         |          |
| 4.5 | <p><b>Structure of Annual Report</b></p> <p>CSL advised that the annual report would be published in September 2014. Currently there is no formal guidance so preliminary work is based on previous PCT guidance.</p> <p><b>The Governing Body agreed the draft structure, timeline and engagement process</b></p>  |         |          |
| 5   | <b>Sub Committee Minutes</b>  |         |          |
| 5.1 | <p><b>Audit Committee minutes of the 7 May meeting</b></p> <p>SP advised that the committee had approved these minutes, with a minor correction, at their meeting earlier in the day.</p>   |         |          |
| 5.2 | <p><b>Quality and Governance Committee minutes of the 11 June meeting</b></p> <p>ST advised that she had reviewed these and they would be taken to the next meeting for ratification.</p>   |         |          |
| 5.3 | <p><b>Clinical Commissioning Committee minutes of the meeting held on the 28 June</b></p> <p>JI advised that he had reviewed these and that they would be taken to the next meeting for ratification.</p>   |         |          |
| 5.4 | <p><b>Finance and Performance Committee minutes held on the 19 June</b></p>   |         |          |



**Guildford and Waverley  
Clinical Commissioning Group**

|   | DISCUSSION AND NEW ACTIONS  | BY WHOM | DEADLINE |
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|   | <p>JB advised that he had reviewed these and that they would be taken to the next meeting for ratification.</p> <p><b>The Governing Body noted the minutes of the sub committees included in the papers.</b></p> <p>The meeting was closed.</p> |         |          |
| <p><b>Date of next meeting: 24 September, 2013, 2.00 – 5.00 p.m. at Cranleigh Arts Centre</b></p> |   |         |          |

Signed:  .....

**Dr David Eyre-Brook**  
Chair

Dated: 3/9/13 .....

**Attachment 1 – Questions from the public with responses given at the Governing Body meeting in public on the 23 July 2013**

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| <b>Question 1:</b> | <i>What is the policy of the management of Board Member's conflict of interests as registered, especially with regard to Virgin Care?</i>  |
| <b>Answer:</b>     | <p>The conflict of interest policy forms appendix G of the CCG Constitution which is available on-line via the website. The most recent version was agreed by the Practice Council 26/06/13.</p> <p>The register of interests is held by the Governing Body Secretary. This is updated monthly by Governing Body members and members at the beginning of each Board or Committee meeting are asked to declare any new interests. This register is available to the public on-line and a copy is available to view at this public Board meeting.</p> <p>Members with an interest in Virgin Care or an interest in any other NHS Guildford and Waverley CCG commissioned service provider should declare their interest when appointed or when a conflict of interest arises. They will be asked to leave the meeting so as not to be party to any discussion. This will be recorded in the minutes of the meeting.</p> <p><b>Lucy Botting, Director of Quality &amp; Governance</b></p> |

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| <b>Question 2:</b> | <p><i>I should be grateful if you could place the question below before the Governing Body of the NHS Guildford &amp; Waverley Clinical Commissioning Group at its open meeting on 23 July 2013:</i></p> <p><i>In December 2012 NHS Surrey informed Surrey County Council's Children's Services that all the Clinical Commissioning Groups in Surrey had approved their continued funding of Home-Start organisations in Surrey for the year to March 2014. Could the Governing Body state its intentions for funding Home-Start schemes in Guildford and Waverley in the year to March 2015?</i></p> |
| <b>Answer:</b>     | <p>Surrey County Council are currently leading a procurement exercise for Early Help (Volunteer support for families with a child under 5) on behalf of partners including Guildford and Waverley CCG. This provision is required for families in all 11 boroughs across Surrey. The Council and Health will work with the successful provider to ensure the budget is shared across the county in accordance with need. The new contract will commence from 1st November 2013 and is a two-year contract until 31st October 2015.</p> <p><b>Joe McEvoy, Director of Clinical Commissioning</b></p>   |

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| <b>Question 3:</b> | <p><i>Having examined the commissioning guide it seems to concentrate on commissioning services from the Royal Surrey County Hospital and Virgin Healthcare. The MS Therapy Group (Guildford) based at Riverside Guildford (<a href="http://www.samsoncentre.org.uk">www.samsoncentre.org.uk</a>) currently employs five part-time physiotherapists along with two gym instructors and in addition to physiotherapy and gym sessions, we also provide baric oxygen treatment. What are the intentions of examining other</i></p> |
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|                | <i>sources of treatment and when may this happen?</i>  |
| <b>Answer:</b> | <p>As part of the contracting arrangements that follow the development of the CCGs commissioning Intentions, suitable providers of service are considered for potential contracts, these are of course subject to the relevant procurement requirements and the providers ability to deliver the service specification. The CCG currently holds contracts with a number of service providers, including small and third sector providers. Whilst we are currently not contracting with new third sector providers we are always willing to discuss services with new entrants.</p> <p><b>Karen McKinley, Chief Finance Officer</b></p> |

Signed by:



Date: 3/9/13

**Dr David Eyre-Brook**  
Chair