

### MINUTES/ACTION NOTES

<b>Name of meeting</b>	Governing Body meeting in public	
<b>Date and time</b>	27 January, 2015 – 2.00 – 4.00	
<b>Venue</b>	Radisson Blu Hotel, Guildford	
<b>Chairman</b>	Dr David Eyre-Brook (DEB)	Chair
<b>Members</b>	Dr Darren Watts (DW)	Vice Chair (Clinical)/GP Member
	Dr Jonathan Inglesfield (JI)	Medical Director (Commissioning)/GP Member
	Dr Jonathan Barnardo (JB)	GP Member
	Dr Clare Stevens (CS)	GP Member
	Dr Ann Hennell (AH)	GP Member
	Dr Anne Wilkinson (AW)	GP Member
	Geoff Watson (GW)	Medical Director (Acute)
	Dr Susan Tresman (ST)	Lay Member Quality and Governance
	Phelim Brady (PB)	Lay Member Patient and Public Engagement
	Dominic Wright (DWr)	Chief Executive
	Karen McDowell (KMc)	Chief Finance Officer and Deputy Chief Executive
	Joe McEvoy (JMc)	Director of Clinical Commissioning
Vicky Stobbart (VS)	Executive Nurse, Director of Quality and Safeguarding	
<b>Non Voting Members</b>	Elaine Newton (EN)	Director of Governance and Compliance
	Liz Uliasz (LU)	Area Director, Adult Social Services, Surrey County Council
	Julie George (JG)	Consultant in Public Health (Surrey County Council)
<b>In attendance</b>	Chris Head (CH) (note taker)	Governing Body Secretary
<b>Apologies</b>	Dr Sian Jones (SJ)	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>GB1015/1.1</b>	<p><b>Apologies for Absence</b> Apologies were received from Dr Sian Jones.</p>		
<b>GB0115/1.2</b>	<p><b>Declarations of interests</b> Dr David Eyre-Brook (DEB) noted that the register of Governing Body member interests was now being included as a paper on all Governing Body public meetings.</p> <p>The Chair invited members to report any new declarations, and the following were received:</p> <p>Julie George advised that she is now an Honorary Associate, and no longer a Senior Research Associate at the Farr Institute of Health Informatics Research, University College London,</p> <p>Susan Tresman advised she has an honorary appointment as a member of research staff at the University of Surrey November 2014-2015.</p> <p>Dr Clare Stevens advised that her family member no longer worked for the Priory Group.</p> <p>Dr Ann Hennell advised that her practice was a member of Procure.</p> <p>Dr David Eyre-Brook advised all GP Governing Body member practices are members of Procure and this needed to be declared on the register.</p> <p><b>ACTION: CH to update the Governing Body register of interests</b></p>	<b>CH</b>	
<b>GB0115/1.3</b>	<p><b>Chair's introduction and opening remarks</b> Dr David Eyre-Brook (DEB) acknowledged the difficult financial challenges facing the CCG, details of which were contained in item 4.2, Month 8 finance report. DEB informed the CCG would receive brokerage from neighbouring CCG(s) to achieve the required surplus, however this will have an impact on the financial year 2015/16.</p> <p>DEB informed the QIPP target for 2015/16 was £21m. A major piece of work was underway with Virgincare and Royal Surrey County Hospital (RSCH) to ensure integrated effort was directed towards this achievement, but further work was required to achieve target. Details of current plans were contained in item 3.4, Service Transformation Draft Plans 2015/16, which highlighted the need for difficult</p>		

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	<p>decisions to be made and associated risks.</p> <p>DEB advised that the Care Quality Commission (CQC) had been visiting member practices as part of a national inspection process. The CQC were looking at five areas; safety, effectiveness, caring, responsive and leadership. To date three NHS Guildford and Waverley CCG practices had received their CQC report, with all rated as 'Good'. Outcomes of future CQC practice reports will be reported to the Governing Body.</p> <p>DEB asked for it to be formally recorded, in relation to the Governing Body meeting held on the 25 November 2014, that Susan Tresman, Vice Chair (Lay Member Quality and Governance) had, due to unforeseen circumstances, been unable to attend that meeting but had read the papers and provided her feedback prior to the meeting.</p>		
<b>GB0115/1.4</b>	<p><b>Questions received from the public</b></p> <p>Questions had been received by email following the 25 November 2014 Governing Body meeting. Details of the questions and responses given at the meeting are detailed in Appendix 1.</p>		
<b>GB0115/1.5</b>	<p><b>Minutes of the previous Governing Body meeting – 23 September 2014</b></p> <p>The minutes of the 25 November 2014 Governing Body meeting were agreed as an accurate record.</p>		
<b>GB0115/1.6</b>	<p><b>Matters Arising – Action Log from 27 January 2015 meeting</b></p> <p>Dr David Eyre-Brook (DEB) advised the areas shaded grey on the Action Log, paper 4, were complete and would not be discussed further unless Governing Body members had any comment or feedback on these.</p> <p><b>GB1114/2.2 – Emergency Planning Resilience and Response: Organisational Business Continuity Plan</b></p> <p>Elaine Newton (EN) advised that there were a number of outstanding areas, for example testing and mutual aid working arrangements which would be undertaken by the Deputy Director of Compliance and Governance, as Emergency Planning Officer, who had recently commenced with the CCG. Any risks associated with this process would be reflected in the CCG's Corporate Risk Register.</p>		

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<b>GB0115/1.7</b>	<p><b>Chief Executive's Report</b> Dominic Wright (DWr) highlighted the following from the report:</p> <p><b>Winter Resilience</b> The CCG were now able to benchmark Acute providers against various NHS Constitution measures. Data was currently available for the period 1 April – 31 October 2014 (Quarter 3). Further detail was included in item 2.3 – Quality Report.</p> <p><b>CCG running costs</b> Work was being undertaken to deliver the required 10% reduction in running costs for 2015/16.</p> <p><b>Realising the Value Project Bid</b> DWr advised that since the Chief Executive report had been written, NHS England had advised the bid submitted had not been successful. The aim of the project was to develop self care for over 65s who were at risk of falls. DWr advised this is a priority area for the CCG and asked that other avenues for this to be taken forward are explored.</p> <p><b>Meeting with Jeremy Hunt, MP</b> DWr and Dr David Eyre-Brook (DEB) had met with 'The Right Honourable' Jeremy Hunt, MP for South West Surrey and Secretary for State for Health on the 9<sup>th</sup> January 2015 to outline the CCG's vision for 2015/16.</p> <p><b>Patient and Public Engagement</b> DWr highlighted the robust and thorough engagement activity that had been undertaken around Child and Adolescent Mental Health Services (CAMHS), which had been highly commended by the CAMHS Procurement Programme Board.</p> <p>DWr also highlighted the engagement meetings with Haslemere and Cranleigh Patient Participation Groups regarding the out of hours primary care service provided by Care UK.</p> <p><b>Lay Member with lead role in audit, remuneration and conflict of interest</b> DWr reported that, due to a change in personal circumstances, the former Lay member Finance and Audit, Stephen Park, had been reappointed through a formal selection process. DWr thanked Phelim Brady for the</p>		

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	<p>additional duties he had covered to ensure continued lay member input and scrutiny whilst the role was vacant.</p> <p><b>Annual Equality Report 2015/16</b> DWr advised that the Quality and Clinical Governance Committee Chair had agreed to undertake Chair's Action to approve a draft version to enable publication on the CCG's website by 31<sup>st</sup> January 2015 in accordance with the statutory deadline. The final version to be published by the end of Mach 2015, following Governing Body sign off.</p> <p><b>Co-Commissioning</b> DWr advised that at an Extraordinary Practice Council meeting on 9 December 2014 the outcome of a vote of member practices was to remain in the current position and not adopt joint or full delegation of co-commissioning arrangements.</p> <p><b>Specialist Commissioning</b> DWr advised that a decision, following the public consultation held by NHS England with regard to transfer of commissioning responsibilities for renal and bariatric to CCGs, had been deferred.</p> <p><b>New Statutory Guidance on Conflict of Interest</b> DWr asked Governing Body members to note the new statutory guidance issued.</p> <p><b>Recommendation:</b> The Governing Body was recommended to note the Chief Executive's report.</p> <p><b>The Governing Body noted the report.</b></p>	<b>ST</b>	
<b>GB0115/2.1</b>	<p><b>Board Assurance Framework (BAF) and Corporate Risk Register (CRR)</b> Elaine Newton (EN) reported that pro active risk management was evident across the organisation, as evidenced by the changes in risk ratings as reported.. The top two risks on the BAF however remained: the CCG not complying with its statutory duty to achieve financial balance and service transformation not being delivered.</p> <p>EN advised that the Audit Committee had undertaken a 'deep dive' process with the risk owners which Elaine Newton reported back on given the unforeseen absence of Phelim Brady from the Audit Committee.</p>		

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	<p>EN reported that Audit Committee feedback encouraged the owners of these two risks to take a longer term view i.e. not cutting off at the end of the year. This would allow the risk ratings to be more sensitive to the end of year position and subsequent impact on following year. Otherwise, Audit Committee members were assured that all controls and mitigations were in place and there was actions in place to continue to address these. EN advised that unchanged risks at year end were to be reviewed by the Executive Management Team (EMT).</p> <p>There were no questions following the report.</p> <p><b>Recommendation:</b> The Governing Body was asked to note the current position with respect to risks included on the BAF and Corporate Risk Register, informed by the risk owners for the top rated BAF risks.</p> <p><b>The Governing Body noted the contents of the paper.</b></p>		
GB5114/ 2.2	<p><b>HR</b> <b>Quarter 3 Dashboard</b> – Elaine Newton (EN) highlighted the significant progress achieved with respect to staff undertaking Statutory and Mandatory training, with an increase from 20% in quarter 2 to 57% in quarter 3.</p> <p>EN reminded Governing Body members of the need to ensure that their Information Governance training was up to date.</p> <p>There had been a reduction in the number of contractors in quarter 3, indicating that substantive recruitment had been successful.</p> <p>Dr Ann Hennell (AH) asked about the increased sickness rate for December and whether this indicated any proactive actions needed to be considered, for example, flu jabs, etc. EN reported that a dedicated flu jab clinic had been offered to staff on site, with a positive take up.</p> <p><b>Recommendation:</b> The Governing Body were asked to review and note the 3<sup>rd</sup> HR Dashboard</p> <p><b>The Governing Body noted the contents of the 3<sup>rd</sup> Quarter dashboard.</b></p>		

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	<p><b>HR Policies</b> – The Governing Body received a suite of HR policies for ratification, as listed on the agenda. The Governing Body was reminded that they had previously approved all HR policies, as per the Scheme of Delegation, and would continue to maintain oversight of proposed changes going forward. However, to provide additional assurance, the Director of Governance and Compliance advised that the Remuneration Committee had agreed an addition to its Terms of Reference which included detailed review of HR policy as a means of providing onward assurance to the Governing Body for their ratification.</p> <p>Accordingly, the Remuneration Committee had worked through the summary schedule of recommended changes for each policy presented. These changes had come about through Employment Law changes, best practice, experience (and therefore iteration) of policies in practice and feedback from staff and the Staff Partnership Forum.</p> <p><b>Recommendation:</b> The Governing Body was recommended by the Remuneration Committee to ratify the documented changes to HR policies, for implementation from 1<sup>st</sup> February 2015.</p> <p><b>The Governing Body ratified the 13 HR Policies as presented and approved the remit of the Remuneration Committee to provide this added assurance on policy changes.</b></p>		
GB0115/ 2.3	<p><b>Quality and Safety Report</b> Susan Tresman (ST) presented the report on behalf of Vicky Stobbart. ST advised the report was “by exception only” on quality and safety performance of healthcare providers commissioned by the CCG.</p> <p>ST highlighted the process for review through the Clinical Quality Review meetings of quality and performance issues. The content of the report had been discussed at the January Quality and Clinical Governance Committee.</p> <p>ST highlighted the following key areas from the report:</p> <p><b>Royal Surrey County Hospital (RSCH)</b> <b>Mixed sex accommodation</b> - Breaches had been identified by RSCH. The breaches had been discussed at the November Clinical Quality Review meeting and mitigating action will be taken.</p> <p><b>Workforce</b> – the Director of Organisational Development</p>		

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	<p>and Human Resources at RSCH attended the November Quality and Clinical Governance Committee meeting to discuss the work being undertaken to address workforce issues. The Quality and Clinical Governance Committee required further assurance and had requested further assurance to be provided in April.</p> <p><b>Surrey and Borders Partnership (SABP) Care Quality Commissioning (CQC) inspection</b> - North East Hampshire and Farnham CCG, as host CCG, monitor progress against the Care Quality Commission (CQC) action plan. As part of the Committee's "learning" programme, some members visited Victoria Ward meeting in December but as part of a "learning" programme, some members of the Committee visited Victoria Ward in December 2014, with positive feedback given.</p> <p><b>Virgincare Workforce</b> – sickness absence reported had increased and a workforce review was being undertaken. Virgincare have been invited to the February Quality and Clinical Governance Committee meeting where further assurance will be sought.</p> <p><b>Pressure Damage Grade 2 and 3</b> – are above the expected rate. A Pressure Damage Workshop, jointly hosted by the CCG and RSCH, was held on the 10 December 2014. Outputs included a number of actions and worksteams across the whole system to understand the rates.</p> <p><b>South East Coast Ambulance Service (SECamb)</b> Data on response times were reviewed at the January Quality and Clinical Governance Committee meeting. The data received did not include data for both urban and rural attendance and compliance with these targets. The Quality Team are looking into receiving split data in future with SECamb and the lead CCG, North West Surrey CCG.</p> <p>Following the report the following items were raised:</p> <p>Dr Ann Hennell (AH) reported that the System Resilience Group were looking at a Community First Responder model.</p> <p>Julie George (JG), regarding the three Surrey and Borders Partnership NHS Foundation (SABP) breaches under the specialist services section of the report, questioned whether</p>		

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	<p>the number of Care Programme Approach (CPAs) was correct. <b>ACTION: JMc agreed that this would be looked at.</b></p> <p>Following a request from David Eyre-Brook (DEB) for further understanding on the position and assurance levels around the Venous Thromboembolism (VTE) data on page 6 of the report, it was agreed that Vicky Stobbart would take this up outside of the meeting.</p> <p>Dominic Wright (DWr) highlighted the need to escalate the issue of the significant agency spend at RSCH. ST advised that this issue would be pursued by the Quality and Clinical Governance Committee with the Director of Organisational Development and Human Resources at RSCH.</p> <p><b>Recommendation:</b> The Governing Body was asked to note quality performance.</p> <p><b>The Governing Body noted the contents of the report.</b></p>	JMc	
GB0115/ 2.4	<p><b>Surrey Priorities Committee: draft report for CCGs</b></p> <p>Dr Jonathan Inglesfield (JI) presented the report, explaining that the Surrey Priorities Committee was a collaborative committee comprising the six Surrey CCGs. The committee included two representatives from each CCG, one clinical and one management, and a representative from Healthwatch. The committee has a Lay Chair, David Clayton-Smith, with JI as Vice Chair.</p> <p>JI explained that the Committee, is an advisory body, which reviewed and recommended to the CCGs the clinical priorities to fund based on evidence. It also advised on effective interventions, clinical variations and national issues. JI went through in detail the principles of the ethical framework which the Surrey Priorities Committee had adopted to work within.</p> <p>There were no questions following the item.</p> <p><b>Recommendation:</b> The Governing Body was asked to note that a Collaborative Priorities Committee has now been formed with agreed constitutional terms and to note the policy development, communication roadmap and ethical framework.</p> <p><b>The Governing Body noted the contents of the paper.</b></p>		

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<b>GB0115/2.5</b>	<p><b>Remuneration Summary Report</b> Phelim Brady (PB) presented the Remuneration Summary report, highlighting work that had been undertaken by the Remuneration Committee in relation to the review of thirteen HR policies for recommendation to the Governing Body, and approval of the policy and principles for reckonable service, i.e. non NHS service, to inform pre-appointment HR processes.</p> <p>There were no questions following the item.</p> <p><b>Recommendation:</b> The Governing Body was asked to note the report.</p> <p><b>The Governing Body noted the contents of the report.</b></p>		
<b>GB0115/3.1</b>	<p><b>Better Care Fund Plan</b> Joe McEvoy (JMc) presented the item with a presentation (attached – appendix 2) to update the Governing Body on the Better Care Fund Plan.</p> <p>JMc advised that a position had been agreed with Surrey County Council in relation to funding and planning for the current year and 2015/16. The joint funding was £11.23m.</p> <p>JMc highlighted the key aims of the plan and partnership working. The aim of the plan was to enable the population of Guildford and Waverley to stay well; to enable those that wished to remain at home to be as independent as possible; to facilitate return home from hospital as soon as medically fit.</p> <p>The plan encompassed five broad service areas; Rapid Response service; Telecare; Virtual Ward services; Carers, Social Care and Reablement Service and mental health.</p> <p>The Local Joint Commissioning Group had been set up to deliver the Better Care Fund plans. The membership included representation from Surrey County Council, Guildford and Waverley CCG, Guildford Borough Council and Waverley Borough Council. The proposed governance arrangements will require amendment to the CCG's Constitution to be sought from the Practice Council – ie. to enable the Governing Body to establish committees of the CCG (including joint committees). Following this amendment a Section 75 agreement can be agreed.</p>		

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	<p>The proposals include recommendations for a joint NHS Guildford and Waverley and Surrey County Council pooled fund from April 1<sup>st</sup> 2015 and joint working arrangements with the Council, which will have Constitutional implications as described.</p> <p>In response to a question from DWr, Liz Ulliasz (LU) reflected on the positive local collaboration which had enabled significant agreement on how the Better Care Fund would be deployed and looked forward to what this could achieve going forward.</p> <p><b>Recommendation:</b> The Governing Body was asked to:</p> <ol style="list-style-type: none"> <li>1. Note the Better Care Fund Budgets and Plan for 2015/2016 as proposed in the report.</li> <li>2. Approval of the way forward for revised governance arrangements for the Better Care Fund (BCF) details included in section 3 of the report. <ol style="list-style-type: none"> <li>a) These proposals include recommendations for a joint NHS Guildford and Waverley CCG and Surrey County Council pooled fund from April 1, 2015 and joint working arrangements with the Council which will have Constitutional implications as described.</li> </ol> </li> </ol> <p><b>Recommendation:</b> The Governing Body noted the Better Care Fund Budgets and Plan for 2015/16 in the report.</p> <p><b>The Governing Body approved the way forward for revised governance arrangements for the Better Care Fund.</b></p>		
<b>GB0115/3.2</b>	<p><b>Children and Adolescents Mental Health Service (CAMHS) Procurement</b></p> <p>Dr Clare Stevens (CS) presented the item explaining Guildford and Waverley CCG commissioned CAMHS services on behalf of the Surrey CCGs, under a collaborative arrangement, from Surrey and Borders Partnership NHS Trust. The services were due for retender and the Surrey Collaborative charged Guildford and Waverley CCG with taking forward the re-procurement process.</p> <p>Between 30 July and 14 October 2014 Guildford and Waverley CCG led a public engagement. One of the key</p>		

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	<p>outcomes from the engagement was to improve access to CAMHS.</p> <p>Improvements that were recommended were: access to services during evenings and weekends; single point of access, improved response times, robust out of hours service; improved access to counseling; support to parents and carers when children and young people do not engage; developing a more robust behavior service for children with Autism spectrum disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), etc.</p> <p>DEB clarified for the Governing Body that they were being asked to agree the proposal as the way forward in principle but were not being asked to agree the investment element in this public section of the meeting.</p> <p>These improvements have financial implications. The financial breakdown to be presented to members in Part II of the Governing Body meeting due to commercial in confidence.</p> <p>DWr endorsed the overall direction, with an opportunity to see an improvement in CAMHS linked to the required uplift.</p> <p>DEB acknowledged the concerted effort that Sarah Parker, Deputy Director Children's Commissioning, had undertaken, together with her team Diane McCormack and Karina Ajayi, leading on the project for the CCG.</p> <p>Ann Hennell (AH) reflected investment in future services was important. Jonathan Inglesfield (JI) echoed the sentiment and endorsed the work that had been undertaken.</p> <p><b>Recommendation</b> The Governing Body was asked to approved a recommendation from options detailed on page 2 of the paper.</p> <p><b>The Governing Body noted the content of the paper with further financial consideration to be given in Part II of the meeting.</b></p>		
<b>GB0115/3.3</b>	<p><b>Draft Primary Care Strategy</b> Dr Jonathan Inglesfield (JI) gave a presentation (attached – Appendix 3) on the draft Primary Care Strategy, which would evolve going forward with input from stakeholders.</p>		

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	<p>A Primary Care Strategy was required as primary care was pivotal to the success of future health and social care commissioning. The aim of the strategy included workforce diversification. The strategy supported the Frailty Initiative model and the development of the Integrated Care Partnership to increase independence with support from primary care and other key partners.</p> <p>Information management was highlighted as an important area for development to ensure access whilst safeguarding security.</p> <p>There were no questions following the item.</p> <p><b>Recommendation</b> The Governing Body is recommended to consider the attached strategy and provide feedback.</p> <p><b>The Governing Body noted the strategy.</b></p>		
<b>GB0115/3.4</b>	<p><b>Service Transformation Draft Plans 2015/16</b> Joe McEvoy (JMc) presented the paper highlighting the significant challenge for 2015/16, with a gap of £22m. A joint approach would be required between health and social care, working with Royal Surrey County Hospital (RSCH), to achieve target.</p> <p>Discussions on agreement for 5 locality hubs had taken place, to enable focused efforts on high risk patients in Guildford and Waverley using the national model of a multi specialty community provider.</p> <p>Key highlights from unplanned and planned care were reported to Governing Body members with some impact on the number of attendances, partly due to the co-location of the out of hours service in the A&amp;E department and publicity around the 111 service, and the length of stay (LOS) being reduced for the over 65's by one day.</p> <p><b>Patient and Public Engagement</b> The CCG is committed to meaningful discussions with patients and public on future services. The Governing Body would be asked in Part 2 to approve a mandate for formal consultation to proceed on a number of service change areas, subject to the requisite approvals being received from NHS England and the Health and Overview Scrutiny Committee.</p>		

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	<p>In response to a query from Phelim Brady (PB), KMc confirmed that discussions on options, including 'cap and collar' agreement, were taking place with providers. In the current climate she advised that block contracts were not an acceptable way forward from a provider perspective.</p> <p><b>Recommendation</b> The Governing Body was asked to review and note the paper, the scale of the challenge facing GWCCG and the proposed approach to achieving sustainable Service Transformation.</p> <p><b>The Governing Body reviewed and noted the contents of the paper.</b></p>		
<b>GB0115/4.1</b>	<p><b>Month 8 Finance Report</b> Karen McDowell (KMc) presented the report advising of the pressures on a number of budget areas.</p> <p>The CCG had not delivered against its year to date (YTD) control total, but the planned year end surplus of £2.4m was forecast due to a series of actions, including: a year end fixed position being agreed with the three main acute providers; financial support being received from neighbouring CCGs, and assumed receipt of the Quality Premium.</p> <p>The final page of the report showed the major areas of pressures and therefore risks in the budget.</p> <p><b>Recommendation</b> The Governing Body were asked to note the following:</p> <ol style="list-style-type: none"> <li>1) The Month 8 and year end financial position for 2014/15</li> <li>2) The key risks to the financial position included in the paper.</li> </ol> <p><b>The Governing Body noted the Month 8 and year end financial position for 2014/15 and the key risk to the financial position included in the paper.</b></p>		
<b>GB0115/4.2</b>	<p><b>Month 8 Performance Report</b> Karen McDowell (KMc) presented the report acknowledging the overlap of some areas of the report with the Quality Report earlier on the agenda.</p>		

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	<p>The red/amber risks now included timescales against the actions, which were reviewed on a regular basis.</p> <p>KMc highlighted page 9 – quality premium – the potential risk against two areas, which had been covered in the quality report.</p> <p>There were no questions following the report.</p> <p><b>Recommendation</b> The Governing Body is asked to note the areas of adverse performance and the actions identified to rectify.</p> <p><b>The Governing Body noted the contents of the report.</b></p>		
<b>GB0115/4.3</b>	<p><b>Draft Financial Planning 2015/16</b> Karen McDowell (KMc) presented the paper which was the first cut submitted to NHS England on the 13 January 2015. Key assumptions for the draft plan were:</p> <p>The starting point for refresh of the financial plan was the Month 7 forecast outturn. The draft financial plan included the following key items:</p> <ul style="list-style-type: none"> <li>• 1% non recurrent strategic investment reserve;</li> <li>• acute demographic reserve;</li> <li>• 1% surplus;</li> <li>• applied tariff deflator;</li> <li>• 0.5% contingency;</li> <li>• repayment of non recurrent funding in 2014/15 and</li> <li>• Better Care Fund impact.</li> </ul> <p>The plan adhered to all required business rules and £1m winter pressures money.</p> <p>The second cut of the plan was due for submission on the 27 January 2015.</p> <p>Running costs budget reduction of 10% in 2015/16 sets a risk in the system which is reflected in the BAF.</p> <p>KMc highlighted the £21.8m QIPP target for 2015/16 and the significant risk due to the level of currently unidentified schemes for £10.5m of the QIPP target.</p>		

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	<p>Key risks to the CCG's 2015/16 financial plan include: pressure within contract negotiations process; over performance in year and delivery against the QIPP target.</p> <p><b>Recommendation</b> The Governing Body was asked to review and note</p> <p><b>The Governing Body noted the contents of the paper</b></p>		
<b>GB0115/5</b>	<p>Dr David Eyre-Brook (DEB) invited Chairs of the Governing Body Committees to highlight any items not covered in the minutes circulated with the papers.</p> <p>The Committee Chairs advised that there were no further items to inform the Governing Body on.</p>		
<b>GB0115/5.1</b>	<p><b>Audit Committee minutes – September and November 2014</b> <b>The Governing Body noted the minutes</b></p>		
<b>GB0115/5.2</b>	<p><b>Clinical Commissioning Committee minutes – October and November 2014</b> <b>The Governing Body noted the minutes.</b></p>		
<b>GB0115/5.3</b>	<p><b>Finance and Performance Committee minutes – October and November 2014</b> <b>The Governing Body noted the minutes.</b></p>		
<b>GB0115/5.4</b>	<p><b>Quality and Clinical Governance Committee minutes – October and November 2014.</b> <b>The Governing Body noted the minutes</b></p>		
<b>GB0115/6.1</b>	<p><b>Date and venue of next meeting in public.</b></p> <p>24 March 2015, 2.00 – 4.30 p.m., East Horsley Village Hall, Kingston Avenue, East Horsley, KT24 6QT</p>		



Signed: .....

Date: .....02/04/15.....

**Dr David Eyre-Brook, Chair**