

### MINUTES/ACTION NOTES

<b>Name of meeting</b>	<b>Governing Body meeting in public</b>	
<b>Date and time</b>	26 April 2016 – 2.00 – 4.00 p.m.	
<b>Venue</b>	East Horsley Village Hall, East Horsley	
<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 Justine Hall (JH)	GP Member
	Dr Ann Hennell (AH)	GP Member
	Phelim Brady (PB)	Lay Member Patient & Public Engagement
	Stephen Park (SP)	Lay Member Finance, Audit and Corporate Governance
	Dominic Wright (DWr)	Chief Executive
	Karen McDowell (KMc)	Chief Finance Officer & Deputy Chief Executive
	Vicky Stobbart (VS)	Director of Nursing, Quality and Safeguarding
<b>In attendance</b>	Elaine Newton (EN)	Director of Governance & Compliance
	Julie George (JG)	Consultant in Public Health (Surrey County Council)
	Chris Head (CH) (Minute Taker)	Governing Body Secretary
	Chris Costa (CC) – for item 1.A	Complex Needs Commissioning Manager (Children)
<b>Apologies</b>		
<b>Members</b>	Dr Susan Tresman (ST)	Vice Chair/Lay Member Quality & Clinical Governance
	Dr Sian Jones (SJ)	GP Member
	Dr Geoff Watson (GW)	Medical Director (Acute) – Secondary Care Doctor
<b>Attendees</b>	Liz Uliasz (LU)	Area Director, Adult Social Care (Surrey County Council)

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/ DEADLINE</b>
<b>Introduction</b>		
Dr David Eyre-Brook, Chair, advised the meeting was being recorded for minute taking purposes		
GB041 6/1.1	<p><b>Apologies for absence and confirm quorum</b>  Apologies were received as noted above.</p> <p>As the required quorum was met, the Chair declared the meeting open.</p>	
GB041 6/1.2	<p><b>Declaration of Interests</b>  Dr David Eyre-Brook, Chair (DEB) noted the register of Governing Body member interests included in the meeting papers. DEB invited members to report any new declarations. None were received.</p>	
GB041 6/1.3	<p><b>Chair's Introduction and Opening Remarks</b>  Following the end of their terms of office, Dr David Eyre-Brook (DEB) advised Dr Darren Watts and Dr Sian Jones had been re-appointed as GP representatives on the Governing Body for a further period of 4 years.</p> <p>DEB, on behalf of the Governing Body, formally thanked Karen McDowell and the Commissioning, Finance and Performance teams for achieving a significant improvement in delivery of the 2015/16 QIPP position in comparison to previous years.</p> <p>DEB advised the Governing Body of a national programme for technological change called "The Internet of Things". The local Allied Health and Social Network, including Surrey and Borders Partnership NHS Foundation Trust, had been successful in a bid to use technology to enhance the quality of life of dementia patients, to support their independence and remain in their own home for as long as possible. Dr Susan Tresman, Lay Member (Quality and Clinical Governance) is a member of the project working group and will provide updates on progress.</p>	
GB041 6/1.4	<p><b>Questions received from the public</b>  Dr David Eyre-Brook (DEB) advised two questions had been received from the public, as follows:</p> <p>Question: <i>The "My care, my choice" Operating Model (July 2015) states that it will deliver savings of £3.16m in 2015-6 through reducing A&amp;E attendances by 7.5% and reducing conversions to admission by 5%. Were these savings achieved? If not, why not?</i>  DEB advised the Year to date figures for emergency admission</p>	

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	<p>conversion rate from A&amp;E indicate that we will have seen a 2.6% reduction in the conversion rate between 14/15 and 15/16. On the face of this, this would appear in absolute terms to fall short of the 5% target for the financial year, however we recognise that nationally, emergency admissions have increased across providers by more than 2% from 14/15.</p> <p>A&amp;E Attendances have remained fairly static, with no significant reductions observed across our A&amp;E providers. However it is important to note that we have observed 2% population increase during that time, as well as increased referral pressures from 111 to A&amp;E as well as increased ambulance conveyances.</p> <p><i>Question: Has Guildford and Waverley CCG agreed its 2016-17 activity plan with its providers, as was initially required by April 11th? If not when is an agreement expected?</i></p> <p>DEB advised the CCG continues to negotiate with our providers regarding the activity to be contracted with individual providers. NHS England recognised that the late publication of both the National Tariff and NHS Standard Contract terms and conditions had made the agreement of the 2016/17 plans challenging and as such extended the deadline for agreement. The CCG expects to have reached agreement within the revised national timeframe of the end of April.</p> <p>Karen McDowell (KMc) provided a further update, that the activity and finances had been agreed the previous day for the CCG's main contract for 2016/17.</p> <p>DEB welcomed comments from the questioner on responses. The questioner presented an addendum to the first question – had Horsley Medical Centre achieved the reduction target? DEB advised this information would be sought outside of the meeting and the questioner would be informed.</p>	
GB041 6/1.A	<p><b>Presentation – Complex Children’s Health</b></p> <p>Vicky Stobbart (VS) introduced the patient story and advised Guildford and Waverley CCG host the contract for the commissioning of complex children services on behalf of the 6 Surrey CCGs. VS introduced Chris Costa (CC), Complex Needs Commissioning Manager (Children) for Guildford and Waverley CCG and explained that CC would present the item, including the lessons learnt that have informed future commissioning. VS advised consent had been given by the child’s parents for the presentation. Chris Costa presented the case of a child with complex needs, which had required the commissioning team to look for an innovative solution with regard to identifying appropriate provision to enable the</p>	

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	<p>child to live at home with their family. This followed an extended in-patient stay for hospital treatment.</p> <p>During the process of sourcing an individualised care package, lessons were learnt, including the need for close working with the inpatient services from day one of a child's admittance, with a clinical member of the team attending multidisciplinary meetings. It was recognised that communication, especially in cases where several professionals are involved, must always involve the family.</p> <p>The lessons learnt would enable any future provision that was required in similar circumstances to be commissioned and in place in a shorter timescale, with clarity on lines of clinical responsibility.</p> <p>DWr acknowledged the superb outcomes that had been achieved and how the process had highlighted the complexity of the CCG's commissioning role and involvement with the family over a long period of time.</p>	
GB041 6/1.5	<p><b>Minutes of the previous Governing Body meeting (26 January 2016)</b></p> <p>The minutes of the 26 January 2016 Governing Body meeting were agreed as an accurate record.</p>	
GB041 6/1.6	<p><b>Matters Arising – Action Log</b></p> <p>Matters arising were reviewed and the action log updated.</p>	
GB041 6/1.7	<p><b>Chief Executive Report</b></p> <p>Dominic Wright (DWr), Chief Executive, highlighted the following:</p> <ul style="list-style-type: none"> <li>➤ The overall picture for the CCG continues to be mixed with some excellent achievements in service redesign which are starting to have an impact on quality and outcomes. There are areas of underperformance: A&amp;E, Referral to Treatment time, cancer and dementia and IAPT. The CCG are working with Royal Surrey County Hospital (RSCH) to address these.</li> <li>➤ Quality Surveillance – NHS Improvement is currently supporting RSCH. The CCG are working with RSCH in relation to their performance deficiencies, which impact on the CCG. DWr invited VS to further update the Governing Body on the position. VS advised following previous reports presented at Governing Body meetings, the CCG had issued a Performance Notice in March to RSCH focusing on stroke, A&amp;E, diagnostics, workforce and cancer waits. The CCG had received a draft Remedial Action Plan from RSCH which indicated a reasonable level of assurance. The RSCH are committed to working with the CCG on these issues. The CCG will monitor progress against plan on an ongoing basis. CCG feedback to be shared with NHS</li> </ul>	

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	<p>Improvement (previously Monitor), NHS England and associate commissioners.</p> <ul style="list-style-type: none"> <li>➤ Royal Surrey and Ashford &amp; St Peter’s Foundation Trust proposed merger has been paused to allow further detailed analysis on business case assumptions.</li> <li>➤ Following Care Quality Care inspections, Binscombe Medical Centre achieved an “outstanding” rating and Merrow Park Surgery and Witley Surgery achieved a “good” rating.</li> <li>➤ Sustainability and Transformation Plans (STP) - NHS England are encouraging local health and social care communities to plan together. Planning areas will produce Sustainability and Transformation Plans (STP), due for submission to NHS England in June 2016. Guildford and Waverley CCG has joined with North West Surrey CCG, Surrey Downs CCG, Surrey County Council and all local providers: RSCH, Ashford &amp; St Peters, Surrey and Borders Partnership Trust, Virgin Care to form a “Surrey Heartlands” planning area.</li> </ul> <p>PB queried the capacity to undertake the additional work involved in the Sustainability and Transformation Plan in relation to formal engagement. DWr acknowledged the challenge involved which would be incorporated in the CCG’s strategic planning with Executive discussion on how this will be supported.</p> <ul style="list-style-type: none"> <li>➤ Estates and Technology Transformation Fund (formerly NHS England’s Primary Care Transformation Fund) – the Government has recently announced funding for investment in primary care infrastructure. Details of access to the funding is awaited.</li> <li>➤ Carers – DWr expressed pride in the excellent work being undertaken in relation to carers, including the raising of their profile. A new focus of work is being undertaken with the Armed Forces.</li> <li>➤ Information Governance – DWr congratulated Elaine Newton and the governance team for the robust systems put in place that have increased the level of CCG compliance against the IG Toolkit and received “substantial assurance” from internal auditors.</li> <li>➤ Junior doctors’ industrial action (26 and 27 April) – Dr Jonathan Inglesfield (JI) advised that extensive discussions had taken place with RSCH and NHS England on contingency plans for the two day industrial action and the CCG were assured that services would be in place to maintain patient safety over the period.</li> <li>➤ NHS England’s revised draft statutory guidance on managing conflicts of interest has been issued for consultation, with an</li> </ul>	

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	<p>opportunity for feedback by 29 April 2016. The final guidance is expected in June 2016. Notwithstanding the guidance was more prescriptive, Elaine Newton (EN) advised the CCG already had in place robust arrangements, including extending the scope of CCG’s policies to member practices. The CCG will be feeding back to NHS England, to ensure the need for balance between openness and transparency in proportion to the level of influence on decisions being made. The CCG will revisit the policy framework for conflicts of interest, gifts and hospitality and commercial sponsorship in this context.</p> <p>In response to a question from DEB related to GP practice awareness of the revised requirements, EN advised the draft guidance had been circulated via the NHS England bulletin for CCGs; an initial briefing would be given at the May Practice Council meeting, with a plan for implementation shared in July, once the final guidance had been published.</p> <p>➤ Staff changes – Dr Clare Stevens had stood down from the Governing Body on the 31 March 2016. DWr, on behalf of the Governing Body, formally thanked Clare for her significant contribution to the CCG.</p> <p>Royal Surrey County Hospital – A recruitment process is under way for the posts of Chief Executive and Director of Finance.</p> <p><b>RECOMMENDATION:</b>  <b>The Governing Body is recommended to note the Chief Executive’s Report.</b></p> <p><b>The Governing Body noted the Chief Executive’s Report.</b></p>	
<b>2. Governance and Assurance</b>		
GB041 6/2.1	<p><b>2016/17 Corporate (Strategic) Objectives</b>  Elaine Newton (EN), Director of Governance and Compliance, presented the revised Corporate (Strategic) Objectives following their annual review at the Governing Body seminar in March 2016.</p> <p>Two areas have been given greater emphasis; the strong local partnerships that the CCG needs to build upon to achieve the required transformation, and recognising the financial and performance challenges, the focus on delivering and prioritising healthcare within the allocated budget.</p> <p>A director lead has been assigned to each objective, responsible for oversight of goals, deliverables and risks. Subject to approval, they will be published on the CCG’s website, disseminated to staff and used to inform setting of individual objectives in Personal Development Plans (PDPs).</p>	

	<b>DISCUSSION AND NEW ACTIONS</b>	<b>BY WHOM/ DEADLINE</b>
	<p><b>RECOMMENDATION:</b>  <b>To approve the Corporate (Strategic) Objectives 2016/17, as detailed</b></p> <p><b>The Governing Body approved the Corporate (Strategic) Objectives 2016/17</b></p>	
GB041 6/2.2	<p><b>Board Assurance Framework – New Risk profile for 2016/17</b>  Elaine Newton (EN), Director of Governance and Compliance, presented the new risk profile following an end of financial year stock take of risks. This comprised risks carried forward and new risks for 2016/17, aligned to the new corporate objectives, outlined in the preceding paper.</p> <p>The new risk profile for 2016/17 details 19 risks in total, mapped to strategic objectives; 6 new risks, 10 risks carried forward and 3 risks to be recommended to the Audit Committee for closure.</p> <p>The top rated risks which persist and are reflected in the CCG’s Annual Governance Statement include: non achievement of financial balance, keeping within reduced running cost allocation, and non achievement of QIPP target.</p> <p>The CCG has received “Substantial Assurance” from internal audit for its risk management arrangements. Further work is planned to identify controls, level of assurance and apply risk appetite.</p> <p>Ann Hennell (AH) questioned whether some of the target ratings against risks required further consideration, some looked too ambitious in the current climate (i.e. sustainable provider workforce risk) and others not ambitious enough (zero tolerance for conflicts of interest in primary care). EN responded that full compliance was the aspiration but the rating reflected current uncertainty from the revised guidance as to the scope of the CCG’s responsibility for oversight of member practices’ registers. EN welcomed these comments from Governing Body members, and advised target scoring will be reviewed as the next stage of the process.</p> <p>Julie George (JG) requested review of the wording of RO185 related to failure to implement the Prevention Strategy and healthy lifestyles, and would work with VS as director lead to articulate this.</p> <p><b>ACTION: JG/VS</b></p> <p><b>RECOMMENDATION:</b>  <b>The Governing is asked to approve the risk profile for the GBAF for 2016/17, including new risks which have been identified and risks carried forward from the previous year.</b></p>	<b>JG/VS</b>

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	<p><b>The Governing Body approved the risk profile for the GBAF for 2016/17, noting the new and the risks carried forward from the previous year.</b></p>	
<p>GB041 6/2.3 a)</p>	<p><b>Framework for Committees in Common – Sustainability and Transformation Plan (STP)</b>            Elaine Newton (EN) presented the paper detailing the governance in relation to sign off of the Sustainability and Transformation Plan (STP) by the STP Committee in Common. The Governing Body were being asked to approve the arrangements for sign off the plan by the committee in common and membership. Addendum 1 of the paper detailed: Guildford and Waverley CCG’s committee membership - Dominic Wright (Chief Executive), Dr David Eyre-Brook (Chair), Phelim Brady (Lay Member), with Karen McDowell as nominated deputy; quoracy requirement and scope of decisions.</p> <p>It was suggested, as a Lay Member was a requirement of the quorum of the committee in common, a deputy Lay Member be identified. <b>ACTION: EN.</b></p> <p>PB acknowledged the significant achievement of including lay and clinical representation on committees in common as a principle by all Surrey CCGs. EN added that it had been agreed that the STP CiC would be held in public.</p> <p>The decision making of the 3 CCG committees of the STP CiC was by consensus. The Governing Body was asked to decide if Guildford and Waverley CCG’s committee decision making should be by consensus or a majority vote.</p> <p><b>RECOMMENDATION:</b></p> <ol style="list-style-type: none"> <li><b>1) To approve the Framework Terms of Reference for “Committee in Common” to sign off submission of the Sustainability and Transformation Plan</b></li> <li><b>2) To approve the addendum for Guildford and Waverley CCG, which sets out the detail and composition of the Committee – specifically three nominated members (including a lay member) and a deputy; the quorum; and decision making.</b></li> </ol> <p><b>The Governing approved the Framework Terms of Reference for “Committee in Common” to sign off submission of the STP.</b></p> <p><b>The Governing Body approved the Guildford and Waverley CCG committee membership detailed in addendum 1 and requested a deputy lay member be identified. The Governing Body agreed the quorum detailed in addendum 1 and agreed decision making by consensus. ACTION: EN to identify deputy lay member.</b></p>	<p><b>EN</b></p>

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GB041 6/2.3 b)	<p><b>Governing Body Committee Terms of Reference</b>            Elaine Newton (EN), Director of Governance and Compliance, presented the paper detailing the outcome of the annual review undertaken by the Governing Body Committees of their Terms of Reference, requiring Governing Body approval. A summary of the key revisions, some generic, some specific and including membership changes, were detailed in the paper.</p> <p><b>RECOMMENDATION:</b>  <b>The Governing Body are asked to review and approve revisions to the Terms of Reference, as recommended by its committees, including changes to membership as detailed.</b></p> <p><b>The Governing Body approved the revisions to the Terms of Reference and noted the changes to membership.</b></p>	
GB041 6/2.3 c)	<p><b>Governing Body Committees Annual Effectiveness Report</b>            Elaine Newton (EN), Director of Governance and Compliance, presented the paper detailing the required annual review of Governing Body committees' effectiveness. Audit Committee had oversight of the review process.</p> <p>The report had been approved for recommendation to the Governing Body, at the Audit Committee on 20 April 2016. The report included detail of follow up on the previous year's recommendations. Key points are the value of committee work plans; emphasis on intelligent papers; visibility of conflict of interest declarations.</p> <p>EN acknowledged the excellent committee administration support by Chris Head, Governing Body Secretary, and the CCG's Administration Team, ensuring uniformity in arrangements across all committees. EN added that the Chair of the Audit Committee would provide a level of assurance to the Chair of the Governing Body on the specific findings of the report, and had encouraged the planning for next year's process to start early, to shape what 'effective' looks like and the metrics to demonstrate this.</p> <p><b>RECOMMENDATION:</b>  <b>Following Audit Committee recommendation of the report to the Governing Body, the Governing Body is asked to review and note as assurance for the effectiveness of Governing Body committees, for inclusion in the Annual Governance Statement. The Governing Body reviewed and noted the contents of the report as assurance for the effectiveness of its committees, for inclusion in the Annual Governance Statement.</b></p>	

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GB041 6/2.4	<p><b>External Audit Procurement</b>            Karen McDowell, Chief Finance Officer and Deputy Chief Executive (KMc) presented the paper related to the requirement for procurement of external audit when the current arrangements end (31 March 2017). The paper was being presented to the 6 Surrey CCG Governing Bodies for approval.</p> <p>The Governing Body were asked to agree Guildford and Waverley CCG's audit panel and establishment of a joint committee. Surrey Downs CCG were leading on the procurement process for the 6 Surrey CCGs. The Governing Body had previously agreed the Audit Committee members; Phelim Brady, Stephen Park, Ann Hennell and Mike Brookes would comprise the CCG's audit panel for the procurement process.</p> <p><b>RECOMMENDED ACTIONS:</b></p> <ol style="list-style-type: none"> <li><b>1) To approve existing Audit Committee members to act as the CCG audit panel for the purposes of the procurement of the external auditors from 2017.</b></li> <li><b>2) To approve the establishment of a joint Committee across the 6 Surrey CCGs for the purposes of appointing external auditors.</b></li> </ol> <p><b>The Governing Body approved the CCG audit panel as detailed in 1) above.</b></p> <p><b>The Governing Body approved the establishment of a joint Committee across the 6 Surrey CCGs for the purposes of appointing external auditors from 1 April 2017 and membership.</b></p>	
GB041 6/2.5	<p><b>End of Year 2015/16 HR Activity Summary Report</b>            Elaine Newton (EN), Director of Governance and Compliance, presented the end of year 15/16 HR report highlighting the following:</p> <ul style="list-style-type: none"> <li>➤ Workforce recruitment activity – 21 posts advertised, attracting 152 applications</li> <li>➤ Increased stability in workforce in comparison to average across Kent, Surrey and Sussex CCGs.</li> <li>➤ Good compliance in relation to Statutory and Mandatory Training Work to strengthen the Staff Partnership Forum</li> <li>➤ To note focus for deliverables in 16/17 - to achieve the sickness absence target of less than 3.5%, with HR undertaking work with managers to take actions to support a healthy workforce.</li> </ul> <p>SP requested clarification on the information around sickness absences under items 4.1, 4.2 and 4.3, which appeared not to correlate. <b>ACTION: EN to seek a response from HR</b>            PB noted the gender of staff employed was predominately female,</p>	<b>EN</b>

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	<p>although the recruitment data showed a balance in gender with regard to applications received.</p> <p>JG welcomed the CCG taking forward the Workforce Wellbeing Charter.</p> <p><b>RECOMMENDED ACTION:</b>  <b>The Governing Body to review and note</b></p> <p><b>The Governing Body reviewed and noted the contents of the report. EN to request clarification from HR on the correlation of information related to sickness absence contained in the report and advise.</b></p>	
<b>3. Quality and Performance</b>		
GB041 6/3.1 a)	<p><b>Performance Report – Month 11</b></p> <p>Karen McDowell (KMC), Chief Finance Officer and Deputy Chief Executive, presented the report. Some items contained in the report (A&amp;E, diagnostics, RTT) had been covered previously in the Chief Executive Report, under agenda item 1.7</p> <p>The report identified issues throughout the year with clear actions. As previously noted, a performance notice was issued to RSCH and there is an agreed way forward with a number of remedial action plans with key milestones for delivery throughout the financial year. These will be monitored on a regular basis. KMc highlighted the following:</p> <p>Page 15 – the quality premium will not be received by the CCG due to the underperformance on targets by providers. In previous years the CCG had achieved an element of this funding.</p> <p>Following a question from AH on monitoring of SECamb service, VS advised a performance exception notice had been issued by the lead commissioner across Kent, Surrey and Sussex (KSS). Remedial Action Plans are in place, which are being monitored with close involvement of Guildford and Waverley CCG.</p> <p>Following a question from Phelim Brady (PB), KMc responded the CCG received the quality premium £0.5m in 2014/15 and it is estimated will receive £165,000 for 2015/16. The potential total quality premium available was £1.1m, requiring a series of gateways to fully achieve.</p> <p><b>RECOMMENDED ACTION:</b>  <b>The Governing Body is asked to:</b>  <b>1) Note the areas of adverse performance and the actions identified to rectify</b></p>	

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	<p><b>2) Note the Quality Premium guidance and measures for 2016/17</b></p> <p><b>The Governing Body noted the areas of adverse performance and remedial actions.</b></p> <p><b>The Governing Body noted the Quality Premium guidance and measures for 2016/17</b></p>	
GB041 6/3.1 b)	<p><b>Quality and Safety Report</b>  Vicky Stobbart (VS), Executive Director Nursing, Quality and Safety, presented the report.</p> <p><b>Surrey and Borders Partnership NHS Foundation Trust (SABP)</b>  VS raised concern about information quality issues which meant full data had not been available for SABP. This had arisen following implementation of the new integrated patient information system in October 2015 and is being followed up by the information team.</p> <p>A Care Quality Commission inspection had taken place on the 29 February, with the outcome awaited.</p> <p><b>Virgincare</b>  Friends and Family test results 75% of patients attending community hospitals indicated they would be likely to recommend services to friends and family.</p> <p>Workforce development indicators – work was ongoing on this issue</p> <p>VS advised two conferences were held across the Surrey CCGs, a nursing conference “Leading Change and Adding Value” in advance of the new nursing strategy to be launched, and “Serious Incident Conference” co-chaired by Dr Jonathan Inglesfield and Geoff Watson. Total for both conferences was 170 delegates, with excellent engagement from practitioners and clinicians and positive feedback received.</p> <p><b>RECOMMENDED ACTION:</b>  <b>To review quality performance</b></p> <p><b>The Governing Body reviewed and noted the quality performance contained in the report.</b></p>	
<b>4. Commissioning and Finance</b>		
GB041 6/4.1	<p><b>Operating Plan 2016/17</b>  Karen McDowell (KMC), Chief Finance Officer and Deputy Chief Executive, presented the Operating Plan for 16/17. The plan detailed the key CCG programmes for 2016/17 and had been reviewed by numerous committees and submitted to NHS England (NHSE) on the 4 April 2016. Following circulation of the Governing</p>	

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	<p>Body papers, minor revisions had been received from NHSE and are therefore not included in the paper.</p> <p>KMc headlined the key areas where NHS E had requested more detailed information: 4 hour A&amp;E standard target; detail of mental health access standards; develop and implement an affordable plan to make improvements in quality; to strengthen patient experiences; and information related to the Better Care Fund.</p> <p>Due to the timeline for final submission (June 2016) not aligning with the Governing Body schedule of meetings, Chair's Action was sought for any final amendments required.</p> <p><b>RECOMMENDED ACTION;</b>  <b>1) To approve the 2016/17 Operational Plan</b>  <b>2) To approve the use of Chair's Action to authorise any further amendments to the GWCCG Operational Plan 2016/17</b></p> <p><b>The Governing Body approved the 2016/17 Operational Plan presented.</b></p> <p><b>The Governing Body approved Chair's Action for any further amendments to the Operational Plan 2016/17. ACTION: KMc</b></p>	<b>KMc</b>
GB041 6/4.2	<p><b>Primary Care Strategy</b>  Dr Jonathan Inglesfield (JI), Medical Director (Commissioning) presented the Primary Care Strategy setting out the context of increased pressures experienced within primary care and the anticipation these will escalate with the development of care closer to home. The aim of the strategy, compiled in consultation with the practices, is a co-ordinated plan for the 21 Guildford and Waverley CCG GP practices to meet the challenge. JI highlighted the following from the strategy:</p> <p>Local Commissioned Services (LCS) – new services being developed outside of the hospital with practices, i.e. blood thinning treatments, with a robust process to ensure access for patients across Guildford and Waverley.</p> <p><i>Workforce, Education and Training</i> –The CCG's Practice Council recognises the need for diversification within the workforce to achieve the CCG's plans for community services. It will also co-ordinate the training needs of the workforce.</p> <p><i>7 Day Access</i> – the national requirements are not yet known, however work is being undertaken with practices with regard to enhancing primary care access. It is likely that this will be provided via hubs.</p>	

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	<p><i>Research and Information Management Technology (IMT)</i> – building on the CCG’s links with the University of Surrey to develop research opportunity. There is a good level of agreement across practices of the need to share information between practices. The need to enhance confidence related to data sharing between primary care, secondary care and social services was acknowledged.</p> <p>Phelim Brady (PB) commented on the feedback from the Chairs of the Patient Participation Groups, about the pressures within primary care and vacancies. DEB highlighted the recent Government announcement of funding for primary care which will require consideration on how this may be best utilised to address primary care workforce issues.</p> <p><b>RECOMMENDED ACTION:</b>  <b>The Governing Body was asked to approve the Primary Care Strategy</b></p> <p><b>The Governing Body approved the Primary Care Strategy.</b></p>	
<p>GB041 6/4.3</p>	<p><b>Service Transformation 2015/16</b></p> <p>Karen McDowell (KMC), Chief Finance Officer and Deputy Chief Executive presented the report for Month 11 highlighting the CCG’s achievement of delivery of £10.8m against a target of £15.2m, equating to approximately 71% of target. This is a significant achievement over the previous year (2014/15).</p> <p>KMc requested the Governing Body note in achieving this result there were a number of non-recurrent schemes supporting the position.</p> <p>Progress and achievements against each of the schemes has been reported and challenged at QIPP Delivery Assurance Group. There have been a number of joint committees or groups with the RSCH with regards to delivery, including the Improving Value Board which reviews the CCG’s QIPP and RCSI Cost Improvement Plan (CIP) programmes.</p> <p>There had been considerable work undertaken to progress and maintain schemes. KMc acknowledged the further challenges to be faced in 2016/17.</p> <p>Dr Jonathan Inglesfield (JI), reported unplanned care activity as detailed in graphs in the report illustrated the current year’s activity was below the previous year activity by a small margin. Emergency admissions reduced from the previous year, which is a noteworthy achievement against national trends. This has been achieved through working with RSCH on for example ambulatory care and care planning in the community.</p>	

	<b>DISCUSSION AND NEW ACTIONS</b>	<b>BY WHOM/ DEADLINE</b>
	<p>Planned care – the focus for 2016/17 is the advice and guidance service enabling GPs to receive advise on patient care avoiding the need for patients to travel to outpatient appointments. Work is underway with RSCH in this regard.</p> <p>Phelim Brady (PB) congratulated the CCG on the more robust position in comparison to previous years’ performance, and the evidence of the beginning of delivery against targets. Dr David Eyre-Brook commented this was a tribute to the leadership of Dr Jonathan Inglesfield.</p> <p><b>RECOMMENDED ACTION:</b>  <b>The Governing Body was asked to review and note the report.</b></p> <p><b>The Governing Body reviewed and noted the contents of the report.</b></p>	
GB041 6/4.4	<p><b>Commissioning, Finance and Performance Committee Report – February and March 2016</b></p> <p>Dr Darren Watts (DW), as Chair of the Commissioning, Finance and Performance Committee, presented the report detailing the oversight of the commissioning decisions taken in February and March 2016.</p> <p><b>RECOMMENDED ACTION:</b>  <b>The Governing Body is asked to note the content of the report</b></p> <p><b>The Governing Body noted the content of the report.</b></p>	
GB041 6/4.5	<p><b>Finance Report 2015/16 Month 11 (February 2016)</b></p> <p>Karen McDowell (KMc), Chief Finance Officer and Deputy Chief Executive, presented the Month 11 finance report. The CCG had faced challenges throughout 2015/16 at Month 11 breakeven has been achieved. This was attained with the inclusion of all contingency reserves and financial support across the system.</p> <p>KMc drew the Governing Body’s attention to the level of risk detailed on page 4 of the report. Mitigations against risk are reported on the monthly basis to Commissioning, Finance and Performance Committee and NHS England.</p> <p>Despite the challenging year, the CCG has invested in the frailty initiative, referral support service and a national contribution to continuing healthcare.</p> <p>KMc highlighted the following:</p> <p>Page 4 – Service Transformation performance on page 4.</p>	

	<b>DISCUSSION AND NEW ACTIONS</b>	<b>BY WHOM/ DEADLINE</b>
	<p>Page 5 details the CCG’s achievement against statutory targets. The only target not fully achieved is service transformation QIPP plan, with slippage throughout the year offset by contingency and reserves.</p> <p>KMc reported there were cost pressures in a number of budget areas which are anticipated to continue into 2016/17. These are with our acute providers, non acute, prescribing and medicines management.</p> <p>KMc advised that Month 12 had been closed down and the unaudited position recorded an achievement of a £37,000 surplus; it was not anticipated that there would be any potential material change to this position. The position will be confirmed at the extraordinary Governing Body meeting to sign off the accounts and annual report in May.</p> <p>Dominic Wright (DWr) asked about planned care activity on page 22 related to the outpatient referrals over performance in 2014/15 and 2015/16 and the challenges with regard to activity. KMc responded it can take time for both planned and unplanned care projects to be mobilised and Dr Justine Hall and the commissioning team have been actively involved in review.</p> <p>Dr Justine Hall (JH) advised that comparative positions on performance were under review, with a number of projects identified to address the over performance, i.e. the recently launched Advice and Guidance service for cardiology, with a planned roll out to Gynaecology, and review of other specialties for this service. RSCH were engaged with this new service. Dr Ann Hennell (AH) welcomed the service which encouraged efficiency for practitioner and patient.</p> <p><b>RECOMMENDED ACTION:</b></p> <ol style="list-style-type: none"> <li><b>1) To note the Month 11 and year end financial position for 2015/16</b></li> <li><b>2) To note the performance against the CCG Service Transformation Programme</b></li> <li><b>3) To note the key risks to the financial position described in the paper.</b></li> </ol> <p><b>The Governing Body noted the Month 11, year-end financial position for 2015/16, performance against the CCG Service Transformation Programme and the key risks to the financial position detailed in the paper.</b></p>	

	<b>DISCUSSION AND NEW ACTIONS</b>	<b>BY WHOM/ DEADLINE</b>
GB041 6/4.6	<p><b>Draft Medium Term Financial Strategy 2016/17 to 2020/21</b>            Karen McDowell (KMc), Chief Finance Officer and Deputy Chief Executive, presented the draft medium term financial strategy, an annual requirement for CCGs. KMc highlighted the CCG's statutory duties and purpose of the strategy detailed on page 3. NHS England will monitor adherence to the strategy.</p> <p>KMc highlighted page 15 – a high level budgets with the 16/17 service transformation plan. On page 16, an indicative 5 year plan is detailed to bring the CCG back to surplus by 17/18 if QIPP delivers in 16/17. This plan is also being used as part of the STP work across Surrey CCGs.</p> <p>Dominic Wright (DWr) asked if the CCG and RSCH financial plans were reconciled. The CCG is to work with the provider to triangulate the position. KMc responded indicative financials and activity for 2016/17 have been agreed with RSCH. Triangulation of plans is the aim as part of the Sustainability and Transformation Plan.</p> <p><b>RECOMMENDED ACTION:</b></p> <ol style="list-style-type: none"> <li>1) <b>To note the Medium Term Financial Strategy 2016/17 – 2020/21</b></li> <li>2) <b>To note the risks identified within the strategy and the mitigations to address risks.</b></li> </ol> <p><b>The Governing Body noted the Medium Term Financial Strategy 2016/17 – 2020/21 and the risks identified within the strategy including mitigations to address risks.</b></p>	
GB041 6/4.7	<p><b>Draft Budget Book 2016/17</b>            Karen McDowell (KMc), Chief Finance Officer and Deputy Chief Executive, presented the draft Budget Book 2016/17 which had been submitted to NHS England early April and final sign off is awaited.</p> <p>The draft Budget Book provides headlines of where budgets sit. The CCG's allocation was detailed on page 3 and KMc highlighted the allocation noted the growth needs to be offset against national required budget stipulations required for acute contract tariff inflator and other areas of budget originally funded which was subsequently required to be funded through growth.</p> <p>KMc highlighted to the Governing Body the substantial QiPP target detailed on page 4, the running costs allowance on page 5, and the key financial risks on page 6. One of the risks was agreement of contracts within funding envelope, this is currently under negotiation.</p> <p>The appendices to the report gives detailed budgets within the</p>	

	<b>DISCUSSION AND NEW ACTIONS</b>	<b>BY WHOM/ DEADLINE</b>
	<p>acute, non acute, primary care and corporate services. It is not anticipated there will be any change to budget from the NHS England review</p> <p><b>RECOMMENDED ACTION:</b></p> <p style="padding-left: 20px;">1) To note the draft Budget Book for 2016/17</p> <p style="padding-left: 20px;">2) To note the risks to the CCG for 2016/17 as noted in the document.</p> <p><b>The Governing Body noted the draft Budget Book for 2016/17 and risks noted in the document.</b></p>	
<b>5. Minutes of Committees</b>		
GB041 6/ 5	<p>Dr David Eyre-Brook (DEB) invited Chairs of the Governing Body Committees to highlight any items with reference to the minutes circulated with the papers.</p> <p>There were no items to highlight of further items to report by the Committee Chairs to the Governing Body.</p>	
GB041 6/5.1	<p>Audit Committee – December 2015</p> <p><b>The Governing Body noted the minutes</b></p>	
GB041 6/5.2	<p>Commissioning, Finance and Performance Committee – December 2015, January and February 2016</p> <p><b>The Governing Body noted the minutes</b></p>	
GB041 6/5.3	<p>Quality and Clinical Governance Committee – January 2016</p> <p><b>The Governing Body noted the minutes</b></p>	
<b>6. Any Other Business</b>		
GB041 6/6.1	There was no other business.	
GB041 6	<p><b>Date and venue of next public meeting</b></p> <p>26<sup>th</sup> July 2016 – 2.00 p.m.</p> <p>Venue: Godalming Masonic Hall, Ockford Road, Godalming GU7 1RQ</p>	

Signed: *SATTASMAN*

Date: 26 July 2016

Dr Susan Tresman, Vice Chair (Lay Member Quality and Clinical Governance)