

**DRAFT MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
GOVERNING BODY MEETING IN PUBLIC**

**HELD ON TUESDAY 27 SEPTEMBER 2016, 10.00HRS AT SOUTHGATE HOUSE, DEVIZES**

**Present:**

Peter Lucas	PL	Lay Member and Vice Chair
Tracey Cox	TC	Interim Joint Accountable Officer
Steve Perkins	SP	Interim Chief Financial Officer
Dr Richard Sandford-Hill	RS-H	GP, Chair West Wiltshire, Yatton Keynell and Devizes (WWYKD)
Dr Lindsay Kinlin	LK	GP, Vice Chair, WWYKD
Dr Andrew Girdher	AG	GP Co-Chair, North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP Co- Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
Dr Chet Sheth	CS	GP Vice Chair, Sarum
Jill Crook	JC	Registered Nurse, WCCG
Christine Reid	CR	Lay Member, Patient and Public Engagement
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care
Dina McAlpine	DMcA	Director of Quality ( <i>until 12.15hrs</i> )
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Mark Harris	MH	Director of Acute Commissioning
James Roach	JR	Integration Director ( <i>joined the meeting at 10.15hrs</i> )
<b>In Attendance:</b>		
Emily Sheppard	ES	Quality Lead ( <i>joined the meeting at 12.15hrs</i> )
Nadine Fox	NF	Head of Medicines Management
James Fortune	JF	Lead Commissioner and Southwest LA Advisor CYP Mental Health Improvement, Wiltshire Council
Julia Cramp	JCr	Associate Director of Children's Services, Wiltshire Council
Frances Chinemana	FC	Wiltshire Council
Tony Millett	TM	Local Media – Marlborough News Online
Dan O'Brien	DO'B	BBC Wiltshire
Joanna Scammell	JS	Virgin Care ( <i>joined the meeting at 11.40hrs</i> )
Val Scrase	VS	Virgin Care ( <i>joined the meeting at 11.40hrs</i> )
Vivienne McVey	VMcV	Virgin Care ( <i>joined the meeting at 11.40hrs</i> )
Stuart Hall	SH	Strategic Director, Wiltshire Parent Carer Council ( <i>joined the meeting at 11.40hrs</i> )
<b>Non-Voting Members who always attend:</b>		
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Sharon Woolley	SW	Board Administrator
<b>Apologies:</b>		
Dr Helen Osborn	HO	Medical Advisor, WCCG
Dr Peter Jenkins	PJ	WCCG Chair
Dr Mark Smithies	MS	Secondary Care Doctor, WCCG
Chris Graves	CG	Chair, Healthwatch Wiltshire

ITEM NUMBER		ACTION
GOV/16/09/01	<p><b>Welcome and apologies for absence</b> PL chaired the meeting in the absence of PJ and welcomed attendees, in particular TC, who joined WCCG as the Interim Accountable Officer, joint with BANES. A round table of introductions took place.</p> <p>TC looked forward to working in Wiltshire and with Members, and gaining that understanding of the aspirations for the local area. BANES CCG were already collaborating with the WCCG across the Sustainable Transformation Plan (STP) streams.</p> <p>Apologies were noted as above.</p>	
GOV/16/09/02	<p><b>Questions/Comments from the public</b> No questions were received from the public.</p>	
GOV/16/09/03	<p><b>Declarations of Interests</b> Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Wiltshire Clinical Commissioning Group (CCG).</p> <p>Declaration of Interest was received from CS with regards item 14, Leadership Training Framework.</p>	
GOV/16/09/04	<p><b>Previous Minutes of the meeting held on 26 July 2016</b> The minutes of the meeting held on 26 July 2016 were approved as an accurate record.</p>	
GOV/16/09/05	<p><b>Matters Arising</b> There were none.</p>	
GOV/16/09/06	<p><b>Action Tracker</b> The action tracker was reviewed and updated.</p> <p><b>ACTION GOV/15/11/13 Integrated Performance Report</b> – Data had been reported through the Finance and Performance Committee. <b>COMPLETED</b></p> <p><b>ACTION GOV/16/05/12 WCCG Cancer Strategy to be presented to the PH Health and Wellbeing Board</b> – FC reported the strategy had gone to the meeting held on 22/09/16. <b>COMPLETED</b></p> <p><b>ACTION GOV/16/07/10 IAPT Team to Attend the three NEW GP Exec Groups</b> – <b>ONGOING.</b></p> <p><b>ACTION GOV/16/07/12 Wiltshire Obesity Strategy – Junk food in leisure centre vending machines</b> – Steve Maddern, Wiltshire Public Health to address. <b>COMPLETED</b></p> <p><b>ACTION GOV/16/07/12.1 Wiltshire Obesity Strategy – Engagement with Schools</b> – To form part of the implementation strategy. <b>COMPLETED.</b></p> <p><b>ACTION GOV/16/07/12.2 Wiltshire Obesity Strategy – Link with Diabetes Prevention Work</b> – John Goddall and Steve Maddern, Wiltshire Council Lead Commissioners, were now members of the CCG Diabetes Programme Board. <b>COMPLETED.</b></p> <p><b>ACTION GOV/16/07/13.1 Optimising Integrated Teams – Information Governance</b> – TW reported that the intention was to gain approval from patients for the sharing of data. <b>ONGOING.</b></p>	

	<p><b>ACTION GOV/16/07/21 and 21.1 BAF and Risk Register</b> – The Audit and Assurance Committee had reviewed the risk register which was on the agenda. <b>COMPLETED.</b></p> <p><b>ACTION GOV/16/07/22 Amend Register of Interests</b> – <b>COMPLETED.</b></p> <p><b>ACTION GOV/16/07/23 External Auditor Procurement</b> – An item for decision at the Private Session. <b>COMPLETED.</b></p>	
<p><b>GOV/16/09/07</b></p>	<p><b>Chair's Report</b> The CCG had seen a number of staff changes over the last few months, with the CCG now managed by TC following the departure of Simon Truelove on 23 September 2016.</p> <p>The petition titled 'To ask Wiltshire CCG to review their decision to slash the opening hours of Salisbury Walk in Centre from 84 hrs per week to 41.5 hours per week' from Jenni Nelson of Salisbury was officially received and noted. The petition had been signed by 2,581 people.</p> <p>The Walk in Centre's revised opening times were based on professional consideration and evidence from clinicians and the Doctors who work there. The WCCG had extended the opening hours of the Walk in Centre further into the evening during the week, at times when patients' own GP surgeries were closed and when the hospital's Emergency Department was at its busiest. A full report of the activity at Salisbury Walk in Centre since August 1 2016 would be brought to the November Governing Body meeting, which is to be held in Salisbury City Hall.</p> <p>It was also confirmed that Wiltshire would not be impacted upon by the Junior Doctors strike.</p> <p><a href="#">ACTION GOV/16/09/07: Salisbury Walk in Centre report to be brought to the November Governing Body meeting.</a></p>	<p>JCu</p>
<p><b>GOV/16/09/08</b></p>	<p><b>Interim Joint Accountable Officer's Report - September 2016</b> TC gave an appraisal of issues arising:</p> <ul style="list-style-type: none"> <li>• The suspension of the Junior Doctors strike had been welcome news. The strike would have had a huge effect upon the system. Junior Doctors continue to campaign and alternative strike plans would be announced.</li> <li>• Operational Planning Guidance was received on 22 September, which provided direction on the approach to the two year planning round with providers. The nine 'must do's' remain, and extra detail is to be provided around primary care and expectations, investments, delivery changes and support being offered to the GP formal review. Evening and weekend access targets would be challenging. Shorter timescales for the process are to be enforced, bringing a focus and clarity on the approach and release more capacity to deliver the transformation. An operational plan was to be submitted by 24 November 2016, with contracts agreed with the main providers by 23 December 2016. These were to be aligned to the STP. The guidance would be circulated to members for information.</li> <li>• NHSE are to look at all bids made to the Estates and Technology Transformation Fund (ETTF) and re-prioritise the £900m to support the transformation of primary care, aligning to the STP and aspirations.</li> <li>• The draft STP is to be submitted by 21 October 2016. This was to include further detail on the streams and demonstrate the confidence in the savings to be made over the next five years. The STP had received a lot of publicity more recently. A successful engagement event was held on 13 September 2016 with the voluntary and community sector and stakeholders. Leader of Wiltshire Council, Cllr Jane Scott stated that a full engagement plan would be available before Christmas.</li> </ul>	

	ACTION: GOV/16/09/08 – NHSE Operational Planning Guidance to be shared with Governing Body members.	DJN
GOV/16/09/09	<b>Register of Sealing</b> No sealings were reported.	
<b>ITEMS FOR DECISION</b>		
GOV/16/09/10	<p><b>NHS Wiltshire Fertility Assessment and Treatment Policy</b></p> <p>NF reported that the current Fertility Assessment and Treatment policy had been reviewed. Consideration had been sought from a volunteer group of individuals in order to gauge public understanding and thoughts on the range of existing treatments available via the policy and NICE guidelines number 156, which had proved helpful in determining the options for revising the new policy. This policy was the 23<sup>rd</sup> policy which had been reviewed as part of the ongoing cycle of keeping policies up to date. The paper included comparison to BaNES and Somerset at a point by point level.</p> <p>The policy set out the WCCG funded treatment available to those patients who met the criteria. Following the review, a number of changes were proposed and as set out in the covering paper. NF highlighted the following:</p> <ul style="list-style-type: none"> <li>• Conception time had been based upon NICE guidance.</li> <li>• Relationship criteria would be hard to manage, but it would be stipulated that couples must have been in a stable relationship for at least two years.</li> <li>• The 12 month timeframe on couples being registered with a Wiltshire GP would be removed.</li> <li>• Clarification had been made on definitions of cancelled and abandoned cycles, embryo storage and surrogacy, for which support would not be provided.</li> </ul> <p>Other areas were considered following a 50/50 split during consultation:</p> <ul style="list-style-type: none"> <li>• Male BMI criteria – but no evidence base was found. It had been agreed not to include this.</li> <li>• Access to treatment if one of the couple already had children – this had been discussed and agreed to allow treatment.</li> </ul> <p>AC expressed her support for this policy and the access for those who would be at the last level. The funding was to be used where most needed. Members felt that it was not a change that they wished to see, but understood the justification in the changes proposed in order to save money. TC added that CCG's were being forced to make difficult decisions, but it was something that had to be progressed and reasonable adjustments made.</p> <p><b>The Governing Body thanked NF for the clearly presented paper and approved the revised policy which would come into effect from 28 October 2016.</b></p> <p><i>Post meeting note:</i></p> <p><i>After the Governing Body meeting, Healthwatch Wiltshire advised Wiltshire CCG that Governing Body paper: GOV/16/09/10 NHS Wiltshire Fertility Assessment and Treatment Policy inaccurately portrayed the involvement of Healthwatch volunteers both in the Executive Summary and within the 'Public Engagement' section of the paper. As a point of clarity: Healthwatch Wiltshire did not deliver public engagement in support of the policy change. The CCG carried out engagement with a group of Healthwatch volunteers at one of its regular meetings. In Healthwatch Wiltshire's view this should not be represented as 'public engagement'. On approval of these Minutes the paper will be updated to reflect the following:</i></p>	

	<p><b>Seeking the views of the public</b> In order to gain an indication of the public views on the existing CCG Fertility Assessment and Treatment Policy, and to help shape our thinking on the proposed new policy, the Head of Medicines Management presented at the Healthwatch Volunteers Forum, which is made up of a mixed demographic of between 35 and 40 people.</p> <p>The presentation took people through the CCG's existing policy and the implications of applying full NICE guidelines (as set out in CG 156) as well as the options to reduce the number of funded cycles; and people were asked to share their views about the level to which the CCG should fund IVF treatment. The National picture of diverse views was borne out at a local level, with a 50:50 split on the issues of: Implementing a male BMI, Immediate funding with a known cause of infertility, Access to treatment with children from one partner from a previous relationship. The average number of cycles suggested was 1.7 with a fifth of responders suggesting no funding at all.</p>	
<p><b>GOV/16/09/11</b></p>	<p><b>Integrated Urgent Care Procurement</b> JCu explained that the WCCG would be looking to procure and secure an Integrated Urgent Care service by March 2018. The paper circulated was an update from the paper produced in June 2016.</p> <p>A workshop, led by RS-H, was held with providers at the end of July. Healthwatch Wiltshire were in attendance to represent patients and carers. The workshop looked at what was working well in the service, what issues needed addressing, the opportunities and realigning the service.</p> <p>JCu reported that they had worked closely with BANES colleagues to look at the opportunities and to develop the service across the wider footprint, helping to build the working relationship. WCCG would work with BANES and Swindon to procure a joint NHS 111 across the three CCG areas, and work with BANES to procure a GP OOH service.</p> <p>Conversations had been held with Bristol, but this had not progressed. Discussions with Wiltshire Council concerning procuring services and integrating other services had taken place, but no decision had been confirmed to date. The September Joint Commissioning Board had been cancelled, but plans were in place for the Portfolio Holder and Corporate Director of Children's Services to review the paper to enable a decision to be made. Wiltshire Council were members of the Procurement Project Steering Group. JR added that this could reduce duplication of services, Wiltshire Council were keen to improve contact with the voluntary and community sector and telecare.</p> <p>JCu asked members to note the timings involved in the process and the one month extension needed to ensure services do not end during the Easter weekend. The procurement process would commence on 13 October. A new service would commence on 1 May 2018. A detailed plan, which contained commercially sensitive information, was to be presented to the Private session of the Governing Body.</p> <p>RS-H felt this was the right time to move this forward. The Medivo service had been extended, which now aligned all services for review. CS questioned if winter pressures money could be used. GP's working together across localities would ensure a succinct service and no duplication.</p> <p>The 111 service had been struggling to meet targets and to deliver a satisfactory service. Integration with other primary care providers and services would be key to ensure a feasible, sustainable service. Evaluation and learning from previous delivery would be used to improve services.</p> <p><b>The Governing Body noted the six actions recorded in the paper and gave its</b></p>	

	<b>approval to commence the procurement process and take the service to market.</b>	
<b>GOV/16/09/12</b>	<p><b>Scheme of Reservation and Scheme of Delegation</b>  DJN reported that the existing Scheme of Delegation had been reviewed and enhanced. The Scheme of Reservation was a new document in place for the WCCG, ensuring good practice and governance. Both schemes had been reviewed by the Audit and Assurance Committee, with input from the CCG internal and external auditors. On approval of these schemes, they would be incorporated into the CCG Constitution during its next update.</p> <p>CR questioned the Governing Body reservations and the lack of reference to patient and public involvement. This role had instead been devolved to the CCG Chair. It was agreed that this was an important part of both roles, especially with the work towards the STP, and that the two reservations should be listed in both sections. SMac conveyed that the Communications and Engagement Plan was due to be presented to the Governing Body meeting which would also refer to member responsibilities, but following the receipt of STP engagement advice, was to be reviewed. The Engagement Plan would be brought to the November meeting.</p> <p><b>The Governing Body approved the Scheme of Delegation, and the Scheme of Reservation with the amendment of duplicating the two patient and public reservations to the Chair and Governing Body roles.</b></p> <p><b>ACTION: GOV/16/09/12.0 – Communications and Engagement Plan to be brought to the November Governing Body meeting.</b></p> <p><b>ACTION: GOV/16/09/12.1 – Scheme of Reservation - Patient and public reservations to be noted under the Governing Body and Chair roles.</b></p>	<p><b>SMac</b></p> <p><b>DJN</b></p>
<b>GOV/16/09/13</b>	<p><b>Risk Management Strategy</b>  The Risk Management Strategy had gone through its first annual review. Input had been received from RS-H. DJN explained that a number of amendments were shown in green. The revised strategy had been presented to the September Audit and Assurance Committee and was recommended for approval by the Governing Body.</p> <p><b>The Governing Body approved the amended Risk Management Strategy.</b></p>	
<b>ITEMS FOR DISCUSSION</b>		
<b>GOV/16/09/14</b>	<p><b>Leadership Training Framework</b>  DJN explained that the paper set out a training framework for the future which builds upon the GB Mastermind Advanced programme, which had been running successfully for the last year. EMT had reviewed the framework idea and agreed further development. It would provide a module approach for the four stages of initial, intermediate, advanced and higher.</p> <p>If approved, the next phase would be to develop a business case to include an employment model. CS offered his full support for this framework, which he felt had potential for future wider scope. Accredited training could also be included. The concept had been shared widely and had interest from the Leadership College London and the GP's College.</p> <p>JC welcomed the framework and questioned the inclusion of Practice Nurses, especially with the increasing workforce issues. Detail had not yet been added against the framework, but there were aspirations to open the opportunities up further to perhaps include Nurses, Pharmacists and Physios once the programme was up and running. The Primary Care Group had reviewed the paper, with resilience and workforce issues raised and how all bands would fit into it. The providers of training would also be important to its success and funding streams should be looked at that could be linked in. LK suggested a Train the Trainer approach could be adopted.</p>	

	<p>AG agreed that workforce needed to be a focus and attracting GP's who wished to develop a portfolio career. AG and LK spoke highly of the GP Mastermind programme and the positive effect it had brought to their work and team.</p> <p>TC thought there was a possibility to take the framework wider geographically, although it did offer Wiltshire a unique selling point. The framework supported succession planning and provided the opportunity for unique skillsets. Future proofing will be built into the framework to ensure it is resilient to any future NHS changes and longer term plans.</p> <p><b>The Governing Body approved the Leadership Training Framework and endorsed the development of a full business case and Managing Partner Forum.</b></p>	
<p><b>GOV/16/09/15</b></p>	<p><b>Child and Adolescent Mental Health Service (CAMHS) Re-Procurement</b></p> <p>TW explained that three Councils and three CCG's had come together to review the future of how the CAMHS was to be delivered. The provider will be identified, to then work with stakeholders, young people and schools to develop the service and its delivery.</p> <p>JF gave a comprehensive presentation covering the existing service achievements for 2015/16, background to the review and the expectations of the new service.</p> <p>Thrive Hubs and the co-located CAMHS workers had been key in 2015/16. The new service will bring together Primary and Specialist CAMHS. The existing tiered model offered differed levels of support, but critique found it had been creating divisions, long waiting times and a complex, confusing system and duplication for the young person. The model is no longer fit for purpose, which had been recognised nationally, prompting the review. The Future in Mind overview identified the Governments aspirations to be in place by 2020.</p> <p>The CAMHS will be built around needs, feedback and priorities rather than the tiers, which will be documented in the local transformation plan. This would be aligned to resources and the STP, bringing new partnerships, systems, sustainability and efficiency. £8.9m per annum was the indicative budget for the new service.</p> <p>The new model would bring a family approach, targeted support and increased voluntary and community sector involvement. Engagement of schools would be fundamental to the service. JR felt the model needed to identify young people earlier and include signposting. JCr added that staff would have full training to support earlier identification, including mental health first aid. DMcA questioned how behaviour issues would be distinguished from mental health issues. JCr agreed this would be difficult, but support would also be available through the Wiltshire Council Behaviour Support Service. The joining up of all specialist services should also help.</p> <p>The next steps and timescale information was to be reported at the Private Session of the Governing Body. It is expected that the new service would go live on 1 April 2018.</p> <p>In answering questions, JCr assured members that engagement of schools would be a focus and aligning the service to school needs to ensure they want to be involved. Thrive hubs had been well received by statutory schools.</p> <p>PL queried the additional resources required and the reliance on working differently. JCr felt the new service would be clearer for everyone and would identify some duplication that could be removed. The delivery relied on additional resources being acquired as well as implementing new ways of working. The provider would be expected to build into the service specification options for reducing costs during delivery. JF stated that the Government recognised that in order to build capacity across the system to treat more children and young people, the CAMHS workforce needed to be developed. Consequently, a proportion of the £1.25bn of additional</p>	

	<p>investment committed over the lifetime of this Parliament had been earmarked for workforce development. JF added that last week Health Education England announced that it would fully fund training and salary costs for one year for Psychological Wellbeing Practitioners who would provide early intervention. Capacity would need to be built across the whole system and within universal and primary care services to cope with increasing demand on resources. This is a key aspect of the new service delivery model. Support to out of county and residential schools would also be a challenge. Money will be spent on the right priorities, some low cost that could be achieved quickly. Earlier intervention should also bring savings longer term.</p> <p><b>The Governing Body noted the comprehensive presentation and requested that progress was reported to the Governing Body and Reference Groups when appropriate.</b></p> <p><a href="#">ACTION: GOV/16/09/15 – CAMHS Re-Procurement updates to be reported to future Governing Body and Reference Group meetings when appropriate.</a></p>	TW
GOV/16/09/18	<p><b>Virgin Care Community Child Health Services</b></p> <p>JS, VS, VMcV and SH were in attendance to provide an update on the delivery of Wiltshire's Children's Community Services. JS gave an introduction to Virgin Care and its services. The Wiltshire service was a complex transfer from the five organisations, but the 100 day safe transfer point had now been reached. There was still mapping work to be undertaken with the Wiltshire Parent Carers Council (WPCC) to ensure parents and young people were fully informed about the services on offer. The Virgin Care vision worked towards ensuring young people had a say in the delivery of the service, a consistent approach and one integrated record.</p> <p>VS explained the service map, which identified the steps in the robust and complex five year transformation plan. The first six months focussed on maintaining services during the transfer to ensure consistency for families. Events had been held to ensure colleagues were aware of the service in Wiltshire. The clinical system CarePlus was to be implemented to ensure consistency across all services. A dedicated website for families, carers and professionals will be launched at the WPCC event being held on 14 October 2016. The main challenges had been the handover of the long waiting times list for community paediatrics, recruitment of paediatricians and the management of estates.</p> <p>SH gave WPCC's perspective on the Virgin Care service. WPCC had become a strategic partner and had helped to shape and inform the service. Feedback received from parents and carers had been built into the service specification. Initially parents and carers had expressed concerns over a private company delivering the community service, but recent feedback indicated that these concerns had been surpassed through information events and delivery impact, and that engagement was now forthcoming.</p> <p>LK questioned the CarePlus system being implemented. Practices were using TPP for record continuity. JS confirmed that systems would be looked into to ensure linkage where possible.</p> <p>Recruitment of Paediatricians was a concern due to current workforce issues. AG expressed that this service could not sit with GP's and that a short term solution should be found. VS stated that this was work in progress with a plan in place to review medics and skillsets, with the opportunity of integrating services. Locum cover could be arranged. A speciality Doctor would be in place in January.</p> <p><b>The Governing Body noted the presentation from Virgin Care.</b></p>	
GOV/16/09/16	<p><b>Integrated Performance Report</b></p> <p>The report revealed that activity levels within Wiltshire remained high with regard to urgent care and A&amp;E targets. There was work to do with the younger age group and</p>	

working adults.

A Financial Recovery Plan is now in place to help mitigate the central change to the cost to the CCG of Funded Nursing Care.

### **Referral to Treatment**

MH gave assurance to the Board of how delivery of Referral to Treatment targets were being dealt with. The RTT target was a measure of how long people have been waiting that haven't yet had their first treatment. It is a constitutional target set at 92% and every month the target was to have no more than 8% of people waiting longer than 18 weeks.

The CCG is assessed based on the total position for its population regardless of which hospital patients are attending. The performance in August was at 91.56%, a slight drop from the figure shown in the report for July.

The current positions for August which used the latest unvalidated data:-

- SFT 91.30% which was an improvement since July
- RUH 90.00% which was a deterioration of position from July
- GWH 92.11% which was an improvement since July

MH reported that the CCG has responded in a number of ways to the performance challenge of our providers.

- The contract with providers was used formally to request an improvement plan, which would include an assessment of their demand and capacity mismatches and plans to address these, as well as a review of their data and processes.
- The CCG had set up a system wide assurance group last summer which included all three providers and BaNES and Swindon CCGs. It provided a place to share learning and planning, and recently had been ensuring providers were building winter resilience plans for waiting time delivery.
- Undertaking "deep dives" of the information and processes to test what was happening, using that to ensure the action plans from providers were tackling all of the issues.
- Proactively diverting some patients to other providers, in particular making use of the range of independent sector providers in the geography.

Looking forward MH reported that this performance standard was going to remain a challenge but that the CCG has a responsibility to achieve this target and will continue to challenge providers on corrective actions, as well as maximising the use of all contracted capacity in the NHS and independent sector providers.

### **A&E**

The 95% target is not currently being met by any of the three acutes. JCu reported that A&E delivery and improvement was now a focus for the Local Delivery Boards. A baseline has been set and work is underway with the acutes to implement the detailed plan. The Local Delivery Board would also review traditional winter planning and look at expected demand and capacity planning. NHSE guidance had been received. An update would be brought to the November Governing Body meeting.

### **Financial Position**

SP confirmed that the CCG's reported surplus continued to be in line with NHSE requirements, with the £3m FNC pressure shown as a risk that required mitigation. The Financial Recovery Plan was not currently showing any risks. The Finance and Performance Committee would continue to update the Governing Board on progress accordingly.

**The Governing Body noted the September Integrated Performance Report.**

**ACTION:** GOV/16/09/16 – A&E update to be brought to the November Governing Body meeting.

JCu

<b>GOV/16/09/17</b>	<p><b>Board Assurance Framework (BAF) and Risk Register</b>          DJN presented the latest BAF and Risk Register. The Audit and Assurance Committee had reviewed both documents, with rigorous debate about the risks, which resulted in the re-order of the top ten. These were aligned to current issues.</p> <p><b>The Governing Body noted the latest Board Assurance Framework and Risk Register.</b></p>	
<b>ITEMS FOR NOTING</b>		
<b>GOV/16/09/19</b>	<p><b>Any Other Business</b>          There were no further items.          The meeting was closed at 12:35.</p>	

**Date of next Governing Body Meeting in Public:  
 22 November 2016 10:45 – 13:00 at Salisbury City Hall**