



Wiltshire

Clinical Commissioning Group

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

HELD ON TUESDAY 28 NOVEMBER 2017, 10.00HRS AT SOUTHGATE HOUSE, DEVIZES

Voting Members Present:

Dr Richard Sandford-Hill	RSH	Clinical Chair of Wiltshire CCG
Peter Lucas	PL	Vice Chair, Lay Member for Audit and Governance
Linda Prosser	LP	Interim Chief Officer
Steve Perkins	SP	Chief Financial Officer
Christine Reid	CR	Lay Member, Patient and Public Involvement
Dr Mark Smithies	MS	Secondary Care Doctor
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Catrinel Wright	CW	GP, Interim Chair of West
Dr Andrew Girdher	AG	GP, Chair of North and East Wiltshire (NEW)
Dr Anna Collings	AC	GP, Vice Chair of NEW (<i>from 10.05hrs</i>)
Dr Toby Davies	TD	GP, Chair of Sarum
Dr Chet Sheth	CS	GP, Vice Chair of Sarum

In Attendance:

Mark Harris	MH	Chief Operating Officer
Jo Cullen	JC	Director of Primary Care and Urgent Care
Sue Shelbourn Barrow	SSB	Director of Integration and Transformation
Lucy Baker	LB	Acting Director of Acute Commissioning
Sarah MacLennan	SMac	Associate Director of Communications and Engagement
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning
Dr Helen Osborn	HO	Medical Advisor
Sharon Woolley	SW	Board Administrator
Tracy Daszkiewicz	TDas	Consultant in Public Health, Wiltshire Council
Alex Goddard	AGo	Deputy Head of Medicines Management (<i>from 11.25 to 12.00hrs</i>)

Apologies:

Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of Project Management Office (PMO)
Dr Linday Kinlin	LK	GP, Interim Vice Chair of West
Cllr Jerry Wickham	JW	Cabinet Member for Adult Care and Public Health, Wiltshire Council

ITEM NUMBER		ACTION
GOV/17/11/01	Welcome and apologies for absence RSH welcomed all to the meeting. Apologies were noted as above.	
GOV/17/11/02	Questions/Comments from the public No questions had been received.	
GOV/17/11/03	Declarations of Interests 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>(This included any relevant interests previously declared on the Register of Interests)</p> <p>There were none. The meeting was quorate.</p>	
GOV/17/11/04	<p>Minutes of the meeting held on 26 September 2017 The minutes of the meeting held on 26 September 2017 were approved as an accurate record.</p>	
GOV/17/11/05	<p>Matters Arising</p> <p>a) STP Communications – It had been noted that an STP Communications Manager was now in post. CR requested a regular Board update on the STP achievements. LP advised that the STP ‘Stop Press’ newsletter was regularly produced, providing a source of regular STP information. Chris Bown, the newly appointed STP Senior Responsible Officer also produced a regular newsletter. Both are included in the CCG’s staff newsletter ‘14 Days’.</p> <p>ACTION: GOV/17/11/05 - Sarah MacLennan to ensure all Governing Body Members were included on the distribution list to receive the STP ‘Stop Press’ newsletter and STP Senior Responsible Officer Newsletter.</p>	SMac
GOV/17/11/06	<p>Action Tracker The action tracker was reviewed and updated.</p> <p>GOV/17/07/10.1 and GOV/17/09/10 – LP advised that there had been a subsequent decision to discuss the Estates Strategy and Strategic Outline Programme in the private session first, and were items on the November agenda. CLOSED</p>	
GOV/17/11/07	<p>Chair’s Report RSH gave his first report since commencing his role as the Clinical Chair of the CCG. Resilience of practices continued to be a challenge across primary care, with transformation of service delivery a focus, as well as maintaining business as usual. Practices were regarded as ‘outstanding’, with Wiltshire setting a high benchmark.</p> <p>RSH read out the following joint statement as agreed by Wiltshire CCG and Wiltshire Council: Earlier this year, Wiltshire Council and Wiltshire CCG agreed to the creation of a joint post covering both the roles of the Wiltshire CCG Accountable Officer post and the Council Director of Adult Services. Both roles are vacant, providing an opportunity for Wiltshire to take the next step towards an integrated health and social care system with a single individual overseeing both functions.</p> <p>Keeping people well and living independent, productive and healthy lives at home is at the heart of the Wiltshire ambition. Integration of health and social care services supports a sustainable system and promotes the good health and wellbeing of our local population, set against high service standards for the achievement of good outcomes. We propose our approach be based on sound evidence with a focus on population needs: better prevention, self-care, improved detection, early intervention, proactive and joined up responses to people who require care and support across organisational and geographical boundaries.</p> <p>Since agreement on the concept of the joint post, further work has taken place - agreeing the Job Description, the process for recruitment and the employment</p>	

	<p>model. Work continues to establish the supporting legal agreements which are required to be in place in time for the appointment, including a Section 75 agreement and a Joint Employment Protocol. It is also necessary for the CCG to submit a Business Case for Integration to NHS England to sign off on any appointment agreed between Wiltshire Council and the CCG.</p> <p>The Council and CCG recently met to review the progress made so far, and to ascertain whether arrangements would be at a good enough stage for the successful candidate to drive forward the integrated commissioning agenda. Taking account of the complexities of the legal and logistical framework needed for successful integration, it was agreed to revise the timeline, with the aim to have the post holder in place during 2018. In addition, the Health & Wellbeing Board also agreed a statement of intent for integration, noting that commissioning intentions need to be aligned in order to develop whole place commissioning, supported by a 'contractual vehicle' to facilitate an accountable care alliance of providers.</p> <p>The Integration Steering Group will meet again in February 2018 to receive the proposed governance arrangements for integration and the business case for submission to NHS England.</p> <p>RSH referred to the recent Budget announcements. The Chancellor's announcement added almost £2bn to England's total health budget in real terms next year, and a further £1.6bn for 2019, a long way short of the £4bn a year called for. Wiltshire CCG was in a reasonable position financially, but next year would bring challenges.</p> <p>Winter pressures were starting to be seen, but Wiltshire was in a steady position, which was a credit to the health staff and the CCG.</p> <p>RSH concluded with the sad news that Dr Stephen Rowlands passed away last week. The first Clinical Chair of the CCG, he was a commendable man. The funeral was to be held on 29 November 2017.</p>	
<p>GOV/17/11/08</p>	<p>Interim Chief Officer's Report</p> <p>LP updated Members on the Director of Strategy and Interim Deputy Chief Officer vacancy. Interviews had been held on 10 November, but an appointment had not been made. Interim arrangements would remain place in the short-term. The approach to the vacancy was being reconsidered to relate to the integration agenda and the STP.</p> <p>In the absence of the Director of Strategy role, LP would be reviewing work plans to focus on priority programmes and to maximise the commissioning impact.</p> <p>Staff awards had been introduced for this year to recognise the outstanding work of the CCG staff. Winners would be announced on 5 December 2017.</p> <p>Chris Bown had recently been appointed to the STP Senior Responsible Officer role. Work was underway to identify the activities best delivered at STP level to stop duplication. STP level criteria would be agreed, but the local emphasis would still be considered.</p> <p>Integration discussions continued with Wiltshire Council. Governance arrangements needed to be aligned and budget and organisations requirements needed to be safeguarded. Proposed arrangements were to be taken to the Integration Steering Group in February 2018.</p>	

	ACTION: GOV/17/11/08 - Proposed governance arrangements for integration and the business case for submission to NHS England to be taken to the Integration Steering Group in February 2018. An update would be brought to the Governing Body in due course.	LP / MH
GOV/17/11/09	Register of Sealing There had been no sealings since the last meeting.	
ITEMS FOR DECISION		
GOV/17/11/10	<p>Governing Body Sub Committee items for Approval:</p> <ul style="list-style-type: none"> a) Audit and Assurance Committee Terms of Reference b) Risk Management Strategy c) Quality and Clinical Governance Committee Terms of Reference d) Remuneration Committee Terms of Reference <p>The Governing Body approved the four documents as listed.</p>	
ITEMS FOR DISCUSSION		
GOV/17/11/11	<p>Public Health Annual Report 2016/17</p> <p>TDas explained that this year's report provided detailed information against each of the Public Health domains, and included a focus on 'best start in life'. A specific area to focus on for future annual reports would be agreed going forward by Wiltshire Council's Cabinet and Wiltshire CCG's Governing Body.</p> <p>TDas requested any further comments against the final draft before it was sent to the designers. The final publication should be available before Christmas.</p> <p>RSH questioned if the exercise levels reported for the over 80s was sufficient. TDas felt that this was an area to be improved. Better utilisation of local services and space was needed and an increase in promotion of what was available. Exercise helped towards the prevention agenda and rural isolation. This age group would be a focus for the coming year. There were pockets of good work within community areas, but this needed to be extended across the county.</p> <p>Public engagement going forward was to focus on facilitating the public on helping themselves. This linked with the national campaign of keeping patient ability up.</p> <p>CR questioned if the nationally reported Public Health funding reductions would impact on sexual health clinics for Wiltshire. TDas reported that Wiltshire received the Public Health grant which included funds for sexual health services due to this being a statutory service. This was delivered by SFT through a good contract with primary care services. There were no planned funding reductions for this service, and the money was sexual health part was ring-fenced.</p> <p>JC queried if it was possible to break down the data in the report to reference localities to further relate to population. A link would added to the report to the county and area JSNA's and the health and wellbeing JSNA's.</p> <p>ACTION: GOV/17/11/11 - Public Health Annual Report to refer to JSNA's and Health and Wellbeing JSNA's to link to locality information.</p> <p>MS commented that there was a good influenza coverage, but it was noted that the figures were low for pregnant women and the over 65's. TDas explained that further work would be undertaken through the Maternity Services Liaison Committees to increase promotion and coverage. LB reported that vaccinations were now being given during scan appointments, which had seen a significant impact on figures. The next target group was to be discussed.</p>	TDas

GOV/17/11/12

Integrated Performance Report

DMcA reported against the Quality element of the Report. Although c.difficile figures were high, the reported rate was lower than the same period in the previous year. It was expected that it would remain under the target of 103 cases. The CCG's Quality Team continued to provide support to reduce rates and sought assurance from Providers that controls were in place. The report provided a snapshot of the serious incident logs, each fully investigated and the root cause analysis and action plans reviewed by the Serious Incident Panel. Call audits had been undertaken using the 111 standard audit tool. Compliance ensured that the correct pathway of calls were in place with clinical support. The flu vaccine uptake as at 15 November 2017 were shown on page 9 of the report. 49 practices were signed up to the campaign and 93.9% were responding to weekly reporting. A winter flu plan had been implemented, which had brought a positive impact on the vaccine uptake. CR questioned the uptake for children. DMcA reported that for under 2's it was 39% and for 3 years olds it was 41.6%, which was an improvement on last year, but still needed a drive. Virgin Care would support the promotion of the vaccine. LB advised that the school programme would also assist vaccine uptake. One flu outbreak case had been reported at an acute to date. The norovirus was starting to affect wards; a snapshot was being monitored and shared daily.

With regards finance, SP reported that the CCG continued to deliver the £57k in year surplus and hold the 1% headroom in line with NHS England guidance. 0.5% may be utilised as non-recurrent investments, but further guidance was awaited. Page 23 showed the planned changes to resources. Page 25 referenced the performance, which indicated the steady position of the CCG. There had been some increase in acute activity, but proactive management had helped to alleviate pressures. The recent budget announcements from the Chancellor had stated that health would receive £2.8bn over the next three years (£350m in 17/18, £1.6billion in 2018/19 and £1.2billion in 2019/20). The actual amount to cascade down to Wiltshire was unknown; direction was awaited from NHS England. The funds were for short term use for longer term sustainability options. LP advised that EMT would start to explore the options for Wiltshire's potential share of the funding, which would need to be used by the end of this financial year. In concluding, SP shared his concerns for the delivery of the transformational QIPP schemes and the continued financial pressures being evident at acute level. A system wide approach was needed to reduce system costs for the CCG, which would have a positive impact for our providers.

LB reported that activity against the referral to treatment (RTT) target had been recorded at 91.4% for September, with October expected to be higher. There was notable demand management of elective referral work underway across the STP, bringing a positive impact with 6,500 patients benefitting from this proactive work to date. The model had been nationally recognised and was to be presented to the national NHS Elective Intensive Support conference in April 2018. Elective referrals were down by 8%, with activity being diverted from the acutes to independent providers where this offered earlier appointments for patients. This work would be ongoing to reduce waiting times for patients and to prevent further growth of backlogs. The CCG breached the 99% diagnostics wait target, but a great improvement had been seen more recently, with the three providers recognising the challenge to be met. Mobile units were helping to assist with the pressures of the cancel referrals, which had priority. Nationally there was a cancer access focus. The CCG did not meet all of the cancer targets for September, but these were expected to be recovered in quarter three. Weekly monitoring was in place. The Quality Team was assisting to identify the themes of delays against those waits over 104 days, and the actions required. RSH requested a report back to the Governing Body on the 16 GWH 62 day treatment breaches to ensure they were monitored and followed up. LB reported that this would also be an area for review at the Cancer Board meeting

	<p>on 29 November 2017.</p> <p>ACTION: GOV/17/11/12 - 62 day treatment patient breaches at GWH (16) to be monitored following the implementation of the remedial action plan. An update to be brought to January meeting.</p> <p>Overall, MH reported that the CCG's quarter two Assurance meetings with NHS England had been positive. The QIPP project information within the report was brief due to a lack of data and information available at the time of reporting. Key areas were in line with the previously reported month five position. The Better Care Fund review being undertaken by SSB was expected to be completed by the end of the quarter. For the CCG, 2018/19 would bring a transformational focus. RightCare had indicated a number of opportunities for change and reduction in system costs.</p>	LB
GOV/17/11/13	<p>Finance and Performance Committee Update</p> <p>The approved September Finance and Performance Committee minutes circulated with the meeting papers were noted.</p> <p>SP advised that purpose of the Committee was to deep dive into data and performance. At November's meeting, month seven data had been presented to the Committee, and the opportunities and risks were discussed. The financial outlook for 2018/19 had been prepared on the basis of the Comprehensive Spending Review. A £16m QIPP target was being set for next year. A deep dive on mental health services had been undertaken for November's meeting, Community Services would be the focus for the January meeting.</p>	
GOV/17/11/14	<p>Winter Planning</p> <p>JC led Members through the Wiltshire Winter Planning presentation which referenced the STP wide winter resilience plan and Wiltshire's resilience planning, covering the eight national domains.</p> <p>The areas of focus were shown on slide four. JC informed Members that a pharmacy resource bid had been submitted, the outcome was awaited. GP access referred to those hours over and above core and extended hours. Additional capacity was to be in place and mapping against predicted demand carried out. An update on the SWAST national pilot site response programme and Right Care 2 focus programme would be provided when appropriate. Ambulance performance issues were being managed on a contract basis. A deep dive was to be undertaken to review data against the constitutional targets.</p> <p>ACTION: GOV/17/11/14 - An update on the SWAST national pilot site response programme; Right Care 2 focus programme to be provided when appropriate.</p> <p>JC further explained the local actions listed on slide six. The weekly calls as part of the Virtual Winter Resilience Planning Group were valuable. Capacity plans were in place with each provider. Actions from the recent Multi Agency Discharge Events (MADE) were to be followed up. There was commitment from the providers to the daily system capacity reporting, which would commence from next week. Capacity would be matched with the current OPEL position.</p> <p>SSB spoke to the Better Care Plan (BCP) Winter Discharge Plan slide. Additional beds had been acquired. BCP activity was being accelerated to strengthen the response to winter pressures. The Home First packages and assessments pathways were being accelerated and implemented to ensure patients could move onto the next step of their care package. The Choice Policy compliance was being reviewed; it was suggested that the national policy be implemented across the STP. There was commitment from partners and</p>	JC

	<p>providers to tackle Delayed Transfers of Care (DTC) to meet the trajectory set for December 2017. A DTC Task and Finish Group had been established.</p> <p><i>(AGo joined the meeting)</i></p> <p>JC explained that additional resilience capacity requirements and schemes would be mapped out and fed into RUH, SFT and GWH. Weekly reporting was in place for flu monitoring. Infection Prevention and Control Leads were offering support to those providers struggling with any outbreaks.</p> <p>JC referred to the national Winter Communications Strategy headings. PL questioned if the public were being sufficiently engaged to support the resilience activity. SMac reported that 72k Twitter hits had been recorded for November alone against the CCG's winter campaigns. Local advertising was scheduled. NHS England had a number of TV adverts going live over the next few weeks. Wiltshire's Communication Plan contained local messages. This year a specific poster for people with Learning Disabilities had been created as part of the CCG's suite of material. Social media data and local media promotion would be used to gauge the Communications Plan effectiveness.</p>	
<p>GOV/17/11/15</p>	<p>Quality and Clinical Governance Committee Update</p> <p>The approved September Quality and Clinical Governance Committee minutes circulated with the meeting papers were noted.</p> <p>MS informed Members that regular visits to providers were undertaken by the Quality Team, involving both the frontline staff and Senior Executive team members. The Committee continued to have extreme concerns regarding AWP's workforce vacancies. The CCG was working hard to support AWP to address ongoing staff recruitment and retention issues. The Emergency Department at GWH was to be the next focus for the Committee as considerable pressure was being reported.</p>	
<p>GOV/17/11/16</p>	<p>Integrated Urgent Care Procurement – Confirmation of Award and Update of Next Steps</p> <p>JC was able to confirm that the Integrated Urgent Care Procurement service contract had been awarded to Medvivo. An extraordinary Joint Governing Body meeting had been held on 21 September 2017 to enable a joint decision to be made.</p> <p>The mobilisation period had commenced, with 22 weeks to go until live. Transition of some services would take place alongside the winter plan work. The Clinical Governance Group led by BaNES CCG and the GP Forums were ensuring that Practices were aware of the service and engaged. Interoperability of IT was a big area to be resolved. An update on the mobilisation of the Integrated Urgent Care service would be provided in the new year.</p> <p>ACTION: GOV/17/11/16 - An update on the mobilisation of the Integrated Urgent Care service to be provided when appropriate.</p>	<p>JC</p>
<p>GOV/17/11/17</p>	<p>Prescription Ordering Direct Service</p> <p>AGo was in attendance to present on the Prescription Ordering Direct (POD) service, with first explaining the background to the initial business case. Audits undertaken through Wiltshire GP Practices during Jan/Feb 2016 identified that 7% of items requested by patients were not required, representing £2.7m of potentially wasted medicines annually.</p> <p>The aim of POD was to help patients to order the right medicines first time, every time, improve consistency and medicines optimisation and increase</p>	

resilience in primary care. POD went live in May 2017.

17,500 patients were using the POD service monthly (an updated figure). The update and progress graph shown on slide six indicated the service progress and the time needed to fully establish the system and realise its benefits. It was a decision of the Practice as to which patients were signed up to use the POD service, 30-40% of patients were needed for a valid difference to be seen by the Practice. A massive growth in prescriptions via the POD had been recorded over the last two months. POD would need at least six months of valid data to demonstrate its full financial impact. Valuable feedback from patients was also being collected.

Wiltshire's POD was recognised as having the highest clinical intervention across PODs nationally. Other benefits of the POD to date included improved clinical quality to repeat prescription process, releasing of GP time, reduction in unnecessary order and an increase in online ordering. The next phase for POD involved increasing Practice update, aligning to NHS 111 and the Clinical Hub.

AGo explained that the current business case had been approved up to March 2018. Staffing costs were below the allocated £363k as recruitment had taken place against demand. Staff fixed term contracts were up to March 2019, giving a one year funding gap. JC advised that a full cost benefit analysis was not yet available.

Commissioning decisions were required to move POD forward, as listed on slide 16. RSH felt that the Governing Body could not debate and make decisions until financial information and service implications were available. SMac confirmed the Communications Team commitment to supporting public engagement and communications. AG agreed that financial information was required to aid a decision, but praised the principles of the service and the rewards coming through.

DMcA questioned if a mechanism was in place to pull the learning in from the prescribing areas to assist with improving quality amongst the team. AGo explained that it was not a remit of the repeat prescriptions service, this was carried out through the Medicines Management team, but AGo was not aware of any issues arising.

TD reported that there was 5% take up in his own Practice, but would like support on increasing this. The Practice did not want to just force it upon patients as visits to the surgery and telephone calls with the GPs were a source of valuable social interaction for most. AGo advised that the social interaction would be replaced by the POD team and suggested that patients be restricted to ordering only through the POD.

CS questioned if insurance was in place against the POD service. AGo advised that Professional Indemnity insurance was in place for the CCG, but would clarify what insurances were required directly for this particular service, and other CCG services.

ACTION: GOV/17/11/17.0 - Clarification required on the need for indemnity insurance for the POD service (and for other CCG services).

AGo

AC queried if there was a higher risk of mistakes being made via telephone. AGo commented that to date there had been very few mistakes recorded. A pharmacist was always in the room to assist with queries, and calls were recorded and reviewed regularly for any errors. The overall responsibility for the service and call responses was held with AGo. Call demand was being met, but Christmas would be a particular pressure point, but this was being planned for and would be managed.

	<p>SP and AGo would discuss the forward planning of POD and review the data and financial information required to enable the commissioning decisions to be made.</p> <p>ACTION: GOV/17/11/17.1 - Alex Goddard and Steve Perkins to discuss forward planning for the POD service and the data and financial information required to enable the commissioning decisions to be made.</p>	AGo / SP
GOV/17/11/18	<p>Primary Care Commissioning Committee (PCCC) Update CR explained that the minutes from the last PCCC meeting held on 26 September 2017 were still in draft form and therefore had not been circulated.</p> <p>CR highlighted the following areas from the September meeting. An update had been given on the progress of delegated commissioning and the staff impacts for each Directorate. Regular reports were received from the Primary Care Operational Group. The Committee ratified the decision made at the Extraordinary PCCC meeting held on 6 September 2017 concerning The Avenue's application for an increase in GMS Space. The Committee also approved the applications to close Ludgershall branch surgery and to change the boundary for Cross Plain Surgery. Patient and Public Involvement was a standing item on the PCCC meeting agendas. A good relationship had been built with Patient Participation Groups, ongoing support and communication was in place through the Communications Team. Chris Graves from HealthWatch had raised concerns over the use of complaints, and the need for the CCG to be made aware of complaints raised through NHS England. This was now resolved, the CCG did now have sight of complaints.</p>	
GOV/17/11/19	<p>Audit and Assurance Committee Update The approved September Audit and Assurance Committee minutes circulated with the meeting papers were noted.</p> <p>PL drew Members attention to the list of policies that had been approved. A copy of the Board Assurance Framework and Risk Register had also been circulated with the meeting papers for information. It was the Committee's responsibility to review the Risk Register, and confirm the top ten risks to be shared with the Governing Body. Directors were invited to attend when needed to further discuss directorate risks. SSB, TW and JC had attended the recent Committee meeting to review the urgent care risks.</p>	
GOV/17/11/20	<p>Health and Wellbeing Board Meeting Minutes – September 2017 AG reported against the Health and Wellbeing Board meeting held on 19 September 2017. The End of Life Care Strategy Implementation Plan had been discussed, which highlighted the need of more awareness of treatment escalation plans (TEP). Public Health had presented the School Health and Lifestyle Survey, reviewing the results and the activity recorded for children and the importance of sleep. The Area Boards would help to promote the Wiltshire Healthy Schools programme. As part of the workforce strategy discussions, it was suggested that the Local Enterprise Partnership and the colleges could help to promote training and help market Wiltshire as an attractive place to work. An update was also given by the Wiltshire Safeguarding Children Board, presenting their annual report. Assurance was given that the Board's engagement with GP's and primary care staff had improved.</p> <p>TDas advised that the Health and Wellbeing Board were not a decision making body, but established to inform and co-ordinate activity across the system. Decisions were then directed through the appropriate governance processes of partner organisations.</p>	

GOV/17/11/21	Register of Interests RSH requested that all Members reviewed their own declarations recorded upon the register, it was vital that the register remained up to date and relevant.	
GOV/17/11/22	Any Other Business a) External Governing Body Meetings RSH advised Members that Governing Body meetings would no longer be held externally. Public attendance remained low, despite the communication efforts and moving around the county to encourage attendance. External meetings also had a significant cost and time impact. There were no objections to moving all meetings in-house.	
	The meeting concluded at 12.13hrs.	

**Date of next Governing Body Meeting in Public:
23 January 2018, 10:00hrs at Southgate House, Devizes**