

## Governing Body Meeting in Common IN PUBLIC

**DRAFT** Minutes of the meeting held on Wednesday 22<sup>nd</sup> November 2017  
from 18:30 – 20:00 in the Eton Suite, The Copthorne Hotel, Slough, SL1 2YE  
Chair: Dr Jim O'Donnell

<p><b>Present:</b> John Lisle (JL) Sarah Bellars (SB) Debbie Fraser (DF) Lalitha Iyer (LI) Rachel Wakefield (RW) Viki Wadd (VW)</p> <p>Jim O'Donnell (JO'D) Mike Hoskins (MH) Clive Bowman (CB) Nithya Nanda (NN)</p> <p>William Tong (WT) Jackie McGlynn (JM) Martin Kittel (MK) Sally Kemp (SK)</p> <p>Arthur Ferry (AF) Judith Kinder (JK) Anne Stebbing (AS) Adrian Hayter (AH)</p> <p><b>In Attendance:</b> Lynn Pringle (LP)</p> <p><b>Apologies:</b> Huw Thomas (HT) Fiona Slevin Brown (FSB)</p>	<p>Accountable Officer Director of Nursing and Quality Deputy Director of Finance Medical Director Associate Director, Urgent and Emergency Care and Specialist Services AD for Comms &amp; Engagement &amp; Organisational Development</p> <p>Clinical Chair, Slough CCG (<b>Chair</b>) GB GP Member, Slough CCG Lay GB Member, Slough CCG GB GP Member, Slough CCG</p> <p>Clinical Chair, Bracknell &amp; Ascot CCG Clinical Director, Bracknell &amp; Ascot CCG Clinical Director, Bracknell &amp; Ascot CCG Lay GB Member, Bracknell &amp; Ascot CCG</p> <p>Lay GB Member, Windsor Ascot &amp; Maidenhead CCG GB GP Member, Windsor Ascot &amp; Maidenhead CCG Secondary Care Representative, Windsor Ascot &amp; Maidenhead CCG Clinical Chair, WAM CCG</p> <p>Business Manager to Executive Team (taking the minutes)</p> <p>GB GP Member, Windsor Ascot &amp; Maidenhead CCG Director of Strategy and Operations</p>
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1.	Introduction	Action
1.1	<p><u>Chairman's introduction and apologies for absence</u></p> <p>Apologies for absence were noted as above.</p>	
1.2	<p><u>Conflicts of Interest to declare in relation to the agenda</u></p> <p>There were no further conflicts of interest noted.</p>	
1.3	<p><u>Governing Body Minutes of the last public meeting on 19<sup>th</sup> July and AOB.</u></p> <p>The minutes from the public meeting dated 19<sup>th</sup> July 2017 were accepted as a true record of the meeting.</p> <p>All actions were recorded as complete from this meeting.</p>	
1.4	<p><u>Questions from Members of the Public</u></p> <p>There was one member of the public present, no questions were received.</p>	
2.	Strategy	
2.1	<u>Accountable Officer's Report (John Lisle)</u>	

	<p>Budget statement today - there are twelve schemes of capital investment nationally that have been supported in the first wave. We have two – Healthlands Care Home in Bracknell and the Integrated Care Decision Making Hubs for Berkshire. We do not know the funding allocation but we are optimistic we will receive the requested amount (just over £20m).</p> <p>There are two or three threads of work coming together. At the last Governing Body meeting there was a discussion regarding transition to the ACS. There is an overnight meeting next week with a set of ideas to be discussed. JO'D is leading on work on the final vision for the Accountable Care System. JL is leading on the governance transition. Nigel Foster is leading on how the system finances will work. GV is leading on what the interface with social care may evolve. JL has completed some work with the Executive Team regarding commissioning support services. There is a meeting tomorrow of Clinical Chairs, Directors of Strategy and Accountable Officers across the system to discuss how we may be able to striate commissioning into its different future layers. These will then get debated in detail next Monday and Tuesday and we will bring the ideas together in December to get a picture of how we are now and how we will develop into an ACS.</p> <p>At member meetings we will be asking for nominations for our new Governing Body. The Remuneration Committee met earlier this month and the overall transition plan is attached.</p> <p>Lay members of the Governing Body currently have individually specified additional roles as Chair of Audit, Remuneration and Primary Care Commissioning Committees. The Governing Body is asked to approve a recommendation that they will be able to cross-cover for each other in these and their locality roles where required.</p> <p><b>The Governing Body approved this recommendation.</b></p>	
2.2	<p><u>Emergency Preparedness Resilience and Response Plan (Rachel Wakefield)</u></p> <p>This is an annual process for CCGs and Trusts overseen by NHS England and also the Local Resilience Network. It was presented to NHS England in October and against the 52 core standards we were fully compliant with 48. The four outstanding areas are shown in the improvement plan and we aim to be compliant before December 2017.</p> <p>It was highlighted that there were some typos in the document, the name of Bracknell has been lost out of the collective CCGs and Windsor appears more than once. The correct terminology needs to be used for lay members – they are named as non-executive directors in the document. It was noted it would be helpful to have further details around the standards that are non-compliant in future papers.</p> <p><b>The Governing Body approved the Emergency Preparedness Resilience and Response Plan.</b></p>	
2.3	<p><u>Commissioning Intentions (John Lisle)</u></p> <p>We have discussed the Commissioning Intentions process at previous Governing Body Meetings. We are in the middle of a two year operational plan and revising the Commissioning Intentions previously identified as necessary.</p> <p><u>Revisions</u></p> <ul style="list-style-type: none"> <li>• Insert page numbers to the document.</li> <li>• Introduction, item 2.2 first sentence – take out ‘through’.</li> <li>• Planned Care Programme:</li> </ul>	

	<ul style="list-style-type: none"> <li>i) Page 2 Column 2 bullet point 4 – include cardiology in this section. CVV needs to be included in the ‘we have’ section.</li> <li>ii) Page 1 Column 3 – under the ‘we will’ section – ENT – this is complete.</li> <li>iii) Page 1 Column 3 – type – ‘Pain’ is in twice.</li> <li>iv) Page 2 Column 1 – cardiology is mentioned in both the first and second columns all the way through – section it together and make a good narrative.</li> <li>v) Page 2 Column 2 – ‘implemented diabetes care and support’ is in twice.</li> </ul> <ul style="list-style-type: none"> <li>• Integrated Care Programme 2018/19:             <ul style="list-style-type: none"> <li>i) Page 1 ‘We will’ – ‘advanced care plans’ should be ‘advanced care support plans.’</li> </ul> </li> <li>• Mental Health and Learning Disabilities             <ul style="list-style-type: none"> <li>i) The Heathlands bid was one of the successful bids – this should be noted under this section, it also aligns with the STP work.</li> </ul> </li> <li>• Add a further paragraph to explain that services that show as ceased, e.g. stroke reconfiguration, are being dealt with in a better way. A further paragraph with some examples would be advantageous.</li> </ul> <p>The Governing Body noted and approved Commissioning Intentions for 2018/19 with the revisions noted above.</p>	
<b>3. Assurance Matters</b>		
3.1	<p><u>Finance Reports Month 6 (Debbie Fraser)</u></p> <p>The three reports for Month 6 reflect the activity for Month 5 (August). We continue to forecast achievement of the planned surplus; however, there are some pressures.</p> <p><u>Bracknell</u> There is adverse movement on acute (£892k), mainly non-elective at Frimley Park. Mental Health costs have also increased; this is a combination of new placements (£80k) and additional cost for HealthMakers (£83k) which requires a budget to be drawn down. Partially offsetting this movement is a one-off release of surplus accruals associated Property costs in 2016/17 - £158k. Cost reductions in other areas have resulted in an adverse movement of £437k, which is funded by the release of reserves.</p> <p><u>Slough</u> There is an improvement in the Slough forecast, largely from elective and non-elective at Frimley - £604k. This is partially offset by Bucks (stroke), (£233k) and a more adverse position in London, (£247k). We continue to see cost pressure in Mental Health, both from placements and non-contracted activity. The position is mitigated by 2016/17 property savings of £177k and the underlying position on prescribing (excluding the supply cost pressure) of £200k. Overall the position has improved by £436k.</p> <p><u>WAM</u> Frimley is adverse due to day case, elective and O/P procedures, £187k. Ashford and St Peter’s favourable, largely from budget adjustment for settling the contract, £385k. Mental Health is also adverse due to new placements (£85k) and non-contracted activity (£44k). The position is mitigated by Property (£169k) and Prescribing (£196k) taking the overall position to a favourable movement of £151k.</p> <p>There are further risks not reflected in the position at Month 6; CHC – there is a potential risk of £0.7m - £1.0m. There is also a continuing issue regarding prescribing and this will need to be fully reflected in our position in Month 8.</p>	

	Further risks may also arise with the changes to specialist commissioning Identification Rules (IR rules) and the move to the HRG4+ coding methodology. JL had a discussion with Janet Meek from NHS England regarding funding flows. There was also a wider discussion regarding funding principles between Specialist Commissioning and CCGs. We need to know the principles and what activity becomes CCG funded. We should resist taking on effectively an unquantifiable liability until we have received the base-placed budgets.	
<b>4.</b>	<b>For Noting</b>	
4.1	Approved minutes of IM&T Committee – 22 September 2017.	
4.2	Approved minutes of Finance & QIPP Committee – 29 September 2017.	
4.3	Approved minutes of Joint A&E Delivery Board – 7 September 2017.	
4.4	Approved Minutes of Primary Care Co-Commissioning in Common Meeting – 20 September 2017.	
4.5	Approved Minutes of Business Planning and Clinical Commissioning Meeting – 17 August & 19 October 2017.	
<b>5.</b>	<b>Any Other Business</b>	
5.1	There was discussion regarding holding evening meetings. As no extra members of the public have attended they will revert back to being held during the day.	
<b>6.</b>	<b>Meeting Review</b>	
6.1	There was general consensus that the meeting was focused and the quality of papers was very good.	

**The next meeting in public will be held on 14 March 2018 from 12:30 – 14:30 at Windsor Racecourse**