

Title of meeting								
<b>Date of Meeting</b>	6 October 2015		<b>Paper Number</b>					
<b>Title</b>	Chief Officer's Report							
<b>Sponsoring Director</b> (name and job title)	Nigel Foster, Interim Chief Officer							
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)	N/A							
<b>Author(s)</b>	Nigel Foster, Interim Chief Officer							
<b>Purpose</b>	For information							
<b>The xxx Committee is required to (please tick)</b>								
<b>Approve</b>		<b>Receive</b>	✓		<b>Discuss</b>	✓	<b>Note</b>	✓
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				N/A				
<b>Legal implications/regulatory requirements</b>				N/A				
<b>Public Sector Equality Duty</b>				N/A				
<b>Links to the NHS Constitution</b> (relevant patient/staff rights)				N/A				
<b>Strategic Fit</b>				N/A				
<b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i>  <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i>				N/A  Date Deputy CFO sign off .....				



<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>N/A</p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>N/A</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>N/A</p>
<p><b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><b><u>Executive Summary</u></b> <i>(summary of the paper and sign-posting the reader to the key sections within the report / paper)</i></p> <p>This report is in two parts. The first section provides an update on topical and strategic issues from the Chief Officer. The second section provides an update from the CCG Head of Operations on progress in delivering the CCG plans including education and training events, commissioning plans and project work as well as key meetings and organisational development plans.</p>	
<p><b><u>Recommendation(s)</u></b></p> <p>N/A</p>	



## **Introduction**

Welcome to the Chief Officer's report, covering June to September 2015. This report brings together an update from the Chief Officer, followed by a report from the Head of Operations for the CCG and the same for the other two east Berkshire CCGs.

## **Report from Slough CCG Head of Operations**

### **STEPS Education Events**

The CCG's recent STEPS events have focussed on cancer and Ear, Nose & Throat (ENT).

The cancer educational session outlined the symptoms that primary care clinicians should be vigilant for and when patients should be sent for routine screening. Our lead clinician also went through the different routes to diagnosis for these patients. The feedback from this session was very positive, with clinicians finding the session very informative, particularly as it included examples of best practice from other CCG areas

The ENT session featured consultants from the local acute trust outlining which ENT symptoms and conditions can be managed in primary care, and which would require further investigation in hospital and was very useful as a refresher for GPs.

The forthcoming STEPS event in September 2015 will focus on Cardiology and Flu vaccinations so that GP practices in Slough can prepare to get patients vaccinated for Flu early in the autumn in preparation for the winter period.

### **Complex Case Management**

Slough CCG is currently working on a project to identify patients who are in specific long term condition groups, like chronic heart failure and diabetes and making extra GP appointments available for these patients so that their conditions can be managed more effectively and preventive measures can be taken to ensure that these patients are able to stay well and avoid reaching crisis. GPs will set aside appointment slots for these patients to review them every 3 weeks to assist them with management of their long term conditions. This scheme will be started in early autumn 2015.

### **Stroke**

The CCGs in Berkshire East are carrying out a review of acute stroke services across the patch, to ensure that all cases of suspected stroke are transported to a designated Hyper Acute Stroke Unit and to provide optimal care and health



outcomes for our patients. The work on this is ongoing and also includes ensuring that post-acute rehabilitation service is of optimal quality for Berkshire East patients. We are planning an engagement event to ensure we take into account patients and carers experienced to support an improved service..

## **Performance**

Slough CCG regularly monitors and reviews the performance eg A&E attendances and Non Elective admissions them with things like admission avoidance pathways and referral management advice.

We have recently carried out practice visits to assist practices with their GP referrals, outlining the appropriate pathways and referral criteria. These visits are clinically led by one of our lead GPs, who will audit referral sent from practices sent beforehand to ensure they are of optimal quality.

Prescribing budget has been reported as over-performing significantly. The performance committee and subsequently the member practices have agreed an action plan to prescribe within a set agreed formulary of medicines which are evidence based and deliver outcomes cost effectively.

We also assist our practices with controlling emergency admissions for their patients, by sharing good practice from other surgeries and through our STEPS education events where we have consultants from the acute hospital outline ways in which many conditions can be managed in primary care through preventative measures. This has already proved to be effective, as Slough CCG's emergency admission rate showed a 4% reduction in June compared to the previous year.

## **Dementia**

The CCG has been focussing on ensuring that patients with dementia are identified so that they can receive the appropriate treatment and support from the health service. This work has included raising awareness through Alzheimer's Society with a dementia bus that has been stationed at Langley Health Centre, with plans to have the bus stationed at other Slough locations in October 2015. We have also been working with GP practices, carrying out visits with a Consultant Old Age Psychiatrist to support them with tips on identification of dementia patients. We will continue this work through raising awareness and ensuring that information is more readily available in different languages to reach out to all areas of our diverse community in Slough.

## **Cancer**

Macmillan approved the CCG application for a request to fund the CCG £61,800



across three years, to appoint a Macmillan GP Facilitator specifically for Slough. The aim of the post is to improve quality of cancer services, particularly along the two week pathway. We are pleased to announce Dr Nicola Myerscough based at Crosby House Surgery, has been appointed and started the role on the 17<sup>th</sup> August 2015.

Macmillan has also awarded the CCG £281,622 across two years to fund a full time team to manage the delivery of a Bowel Screening health promotion strategy targeting hard to reach communities, to improve uptake rates. We are pleased to report we recruited Gloria Askander as the Programme Lead and Witney Blunt as the Screening Co-ordinator.

### **Accelerated, Coordinated, Enhanced (ACE) Project**

The CCG has been successful in achieving £30k from NHS England in partnership with Macmillan and Cancer Research UK to fund a research project aimed at a retrospective audit of 100 patients diagnosed in 2014 along the full pathways (Primary & Secondary care) for gynaecology, urology, tumours of unknown primary and general surgery (upper and lower gastrointestinal tract). A project update was presented at locality in June and August and the practices and cancer types to be audited have been agreed.

### **Children**

The CCG will implement a Community Paediatric Respiratory service with a focus on asthma aimed at reducing unnecessary hospital attendances for the newly diagnosed, admission avoidance, supported discharge and to prevent readmission. Hence, the team will be based within the Paediatric Team at Wexham Hospital. The team will establish community clinics taking referrals from GPs for new and difficult asthma from a variety of venues including GP practices and children centres. We are pleased to announce that 1.5 whole time equivalent (WTE) paediatric respiratory nurses have been appointed who will commence their new roles on 5<sup>th</sup> October 2015.

### **End of Life Services Transformation**

A federated approach was agreed to option appraise the reconfiguration of End of Life (EoL) services involving all three CCGs working in partnership. A review of existing reporting mechanisms has been undertaken that includes:

A programme Initiation Document proposing the options available for an overall EoL transformation approach will be ready for September 2015.



## **Familial Hypercholesterolaemia service.**

The CCG has been working with clinical leads and network leads to consider a proposal to implement a screening and assessment programme that identified people with high risk of Familial Hypercholesterolaemia (FH) and thus start a treatment regime. NICE have advocated this model as a cost effective strategy that will improve outcomes especially cardiac events and even improve mortality in the affected population. Slough has a high risk of cardiovascular disease (CVD) and a high ethnic population and as such would benefit from such a programme. We are pleased to report that the CCG signed off the start of this innovative piece of work with Hartfield Hospital and in partnership with the British Heart Foundation. We will review impact particularly cost effectiveness over the coming three months and review our decision to continue the pilot based on our findings. The Thames Valley Clinical Network has been very supportive of our approach and is showcasing our lead in this programme to other areas.

## **Update on the Slough Better Care Fund (BCF) programme**

### Proactive Care:

- A Falls Prevention project has now started and will undertake multi-factorial risk assessment and provide community and home based liaising with GPs, community hospital and medicines management team.

### Integrated Care:

- The options appraisal is now completed on a single point of access for a range of health and social care services in Slough and will now be developing the preferred model into a more detailed business plan.
- Work has started on a local model for integrated care teams for short term reablement and recovery services to support discharge and the opportunity to bringing together a range of community based services within neighbourhood clusters.
- Reviewing the output from participation in the National Audit of Intermediate Care Services to benchmark activity, costs and outcomes.
- An options appraisal is in development for enhancing and integrating support to Care Homes in Slough including GP service

### Community Capacity:

- Through the joint Voluntary Sector Strategy developed in partnership with the local authority the review and evaluation of tender applications for



voluntary sector lead provider is now underway. The lead provider will support and co-ordinate a range of community and voluntary sector activities which will contribute to BCF outcomes.

- A new Carers Strategy for Slough is being developed which will respond to new legislation, the NHS commitment to Carers and the voice of local carers. The strategy will guide and inform the commissioning action plan over the next five years.

### **Primary Care Joint Commissioning Update**

The first primary care joint commissioning committee met in July in public. The meeting was very well attended by members of the public.

The committee agreed its terms of reference with a membership now agreed from both NHS England and CCG lay member and executive membership established.

The committee received an outline primary care strategy which will be developed as we progress our joint working with NHS England and our member practices and patients.

The committee approved the proposed process to review current Primary medical Services contracts in line with guidance received from NHS England. The review process has now started and will report its progress at the next Joint primary care committee meeting.

The committee received a report on the current contract with the Walk in Centre services which is due to expire in Dec 2015. The committee agreed to extend the contract whilst a review is undertaken and assess options as to how the service would be recommissioned in line with agreed primary care and urgent care strategic direction.

The committee received a verbal quality report and overview of how we progress measuring and improving quality in general practice. It was reported that Langley Health Centre was rated as outstanding from a Care Quality Commission (CQC) review. Langley is the first practice in East Berkshire to receive the outstanding rating in East Berkshire. This is good news indeed for the population served by the practice. Unfortunately since the committee meeting another of our practices Orchard Medical practice was rated as inadequate. The CCG and NHS England have worked with the practice to ensure an improvement plan is in place and the practice will be reviewed within a six month period to ensure improvements are sustained. The practice has received support from NHS England and is being supported by the GPs within the outstanding rated Langley Health centre.



The committee received a finance report led by NHS England which was noted.

**Prime Ministers Challenge Fund.**

We have just reached the end of our first year of the Prime Ministers Challenge Fund (PMCF) pilot having delivered almost 60,000 nurse and GP appointments to the patients of Slough. The 16 practices and their staff have worked together in four clusters to make sure that patients have access to extra appointments and so have extended primary care across seven days. The table below shows the breakdown of the appointments offered.

	<b>CLUSTERS</b>				
<b>June 2014- June 15</b>	<b>South</b>	<b>Central*</b>	<b>North West</b>	<b>Langley</b>	<b>TOTALS</b>
<b>Total nurse appointments offered</b>	758	-	281	4,727	<b>5,766</b>
<b>Total GP appointments offered</b>	14,601	14,173	8,771	8,727	<b>53,764</b>
					<b>59,530</b>

The CCG is currently undertaking a detailed evaluation with NHS England but there are a few early indications of what we have learned locally about this extra appointments element of our bid.

- Providing a significant number of extra appointments does not significantly change patient behaviour with regards to choosing an immediate consultation such as with the Walk in Centre or A&E.
- Slough has seen some slowing down of patients with low acuity needs that attend A&E but not dramatically.
- Booked GP appointments can be convenient for those people that work or those that have a long term condition and need to have planned care. Satisfaction of the consultations in PMCF is very high.



- The rate at which people are experiencing unplanned admissions to hospital is beginning to reduce. GPs are focussing the PMCF longer appointments so that they have time in the 15 minute consultations to work with patients in a way that gives best outcomes. This is a key reason why we have not just made all the appointments walk in or on the day.

As we move in to year two, up until the 31<sup>st</sup> March 2016, we have used our experience to shape continuing services. We no longer have the benefit of central NHS funding, but as a health economy remain committed in our vision to try and continue with some level of seven day access for patients. Clusters have worked together to design a model, in consultation with our patient Reference Group which is both affordable and deliverable whilst we develop further our strategic plans for Primary Care beyond April 2016. Details are being finalised but highlights include us retaining the current 4 Cluster model and reducing the weekend clinics on Saturdays and Sundays to finish at 1.00pm. A little over 20% of appointments offered were not used in year one and so the new delivery model will have a reduced number of extended hours appointments and a real individual practice focus on work with patients that have multiple complex long term conditions.

In addition to the extra appointments, the CCG used its PMCF funding to test a whole range of other projects based on what people told us they would like to see to help them manage their health and improve primary care. Many of these did not start until after Christmas and so evaluation is at an early stage, however, two key highlights are:

- Every practice in Slough now operates a texting reminder service with cancellation facility.
- Three Cluster sites (Langley, Bharani, and Farnham Road practice) have new Volunteer Navigators on two sessions each week. This is a trial to assist patients with accessing health information and in particular local opportunities to exercise and keep healthy. As part of this there is a new website that brings together existing and new local information in one place. All practices will be advertising this in the near future.

## Report from the Chief Officer

### Urgent & Emergency Care Networks and SRG

NHS England has mandated that Urgent and Emergency Care Networks will be established based on the geographies required to give strategic oversight of urgent and emergency care on a regional footprint, ensuring that patients with more serious or life threatening emergencies receive treatment in centres with the right facilities and expertise whilst also assuring that individuals can have their urgent care needs



met locally by services as close to home as possible. The first meeting of the Thames Valley network took place on 15 September with attendance from a variety of providers, CCGs, patient groups, NHS England and other stakeholders.

Three presentations were made to the meeting; these were from Dr Jonathan Benger, National Clinical Director for Urgent Care who provided an overview of the Urgent and Emergency Care review and outlined the steps now required to put in place the findings from this work both at local and network level. Will Hancock, Chief Executive at South Central Ambulance Service outlined the a vision for urgent and emergency care in the Thames Valley which had been built on the Vanguard bid and finally Rachel Wakefield on behalf of the design group which had been working the production of an integrated 111 and GP Out of Hours service for the region. The remaining part of the afternoon was spent with group discussion and feedback to help define priorities and discuss how the network would work across the region. A shadow board took place at the close of the meeting.

## **System Resilience Groups (SRGs)**

System Resilience Groups (SRGs) have been in place for just over a year and they are responsible for ensuring the effective delivery of elective as well as urgent care in their area for both physical and mental health. They have recently had their remit expanded to include the oversight of cancer target delivery.

SRGs are the forum where all the partners across the health and social care system come together to undertake the regular planning of service delivery. The group is responsible for planning the capacity required to ensure delivery, and oversee the coordination and integration of services to support effective, high quality accessible services which are good value for taxpayers.

SRGs will look to Networks to provide support on areas where they identify requirements beyond the SRG footprint, and where there is advantage in uniformity in the provision of a standard of care.

There are two SRGs that CCGs in East Berkshire are members of. These are 'Wexham SRG' and 'Frimley Park SRG'. Both SRGs have recently taken part in an assurance process with NHS England where they were required to review themselves against a number of standards. The outcome of these reviews are now being assessed by NHS England.

## **Winter Planning**

Following the establishment of a System Resilience Group (SRG) it is now the



responsibility of this group to put in place plans to support the additional demand on services experience in the winter period. Because of the national high demand experienced last winter and the outcomes from the urgent and emergency care review, NHS England has required SRGs to confirm plans to improve patient flow, capacity and readiness by 5<sup>th</sup> October 2015. The schemes that are being put in place for this winter include additional resources to social care to increase the response to patients requiring packages of care either to prevent admission to hospital or to support their discharge back home, outreach nurses and enhanced community support.

## Share Your Care

There is a requirement that by 2020 all care records will be digital, real-time and interoperable (ie they can be shared electronically between organisations). Our Share Your Care project will enable us to meet these requirements, and is being undertaken in partnership with other CCGS across Berkshire. It has two overarching objectives:

- **Interoperability and information exchange between health and social care organisations** to allow the flow of real time data to be sent between two or more organisations for the benefit of co-ordinating current and future service provision across care pathways, improving care and data analysis.
- **Having a person viewable health and social care record (PHR) for the citizens of Berkshire**, that contains accurate real time data from commissioners and health and social care providers, enabling the individual to hold and manage their care and give consent to providers of care to view their record based on an agreed data set.

Work on the project is proceeding well, with a pilot currently underway and with a full procurement process being undertaken during the autumn/winter.

## Planning for 2016/17 and beyond

Work has commenced on refreshing our strategic plans and medium term financial plans in advance of the national launch of the 2016/17 planning round. This will be a major focus of work for the CCG and CSU teams over the coming months, and further reports will come to the Governing Body in due course.

## New Vision of Care

Since our last Governing Body meeting the Collaborative Care for Older Citizens Programme has been reviewing the outputs from the various workshops and engagement activities that have taken place. As a result of this and the feedback we received during the earlier engagement, a decision was made to change the name of the programme to better reflect the focus and the intended impact the programme



will have. The New Vision of Care will be reflected through other transformational programmes as we begin to look at other services and seek to embed the approach across all projects.

## **Recruiting an Accountable Officer for the CCG**

The post of Accountable Officer remains unfilled and the three East Berkshire Clinical Chairs have been taking the time to explore options and to take advice before advertising again. For such an important appointment, we want to make sure that we are successful in appointing the right person for the role.

We have now started the recruitment process again and have asked the recruitment agency to begin looking for likely candidates. Because we know this will take time and the right person may not be immediately available, we have also asked them to look at possible interim candidates.

Until then, Nigel Foster will continue to cover as our Interim Accountable Officer.

## **360 Survey Action Plans**

Earlier this year, all CCGs in the country asked their stakeholders for feedback on a wide range of issues relating to the six domains that NHS England use in their assurance of CCGs. The surveys are conducted by Ipsos Mori and the results are anonymised. Stakeholders asked to respond to the survey fall into the following groups:

- Member practices of the CCG
- Health and Wellbeing Board
- Healthwatch and patient groups
- Local authority
- NHS providers
- Other CCGs
- Other stakeholders

The results have been summarised and will be available on the CCG websites. They highlight different issues for each CCG and help to identify issues and challenges that need addressing. For example, questions are asked about how much the stakeholder knows about the plans and priorities of the CCG. The results varied and suggest that more could be done to explain the detail of the plans and how they have been developed using the feedback from stakeholders.

Action Plans are now being prepared to address these issues and will be shared.

Thanks must go to anyone who completed this survey which is very detailed. The



feedback received is extremely valuable in helping us to reflect on the way we work and make changes where necessary.

## Report from Bracknell and Ascot CCG Head of Operations

Work has been progressing over the summer on the main projects we are working on this year. These include:

### Primary Care transformation

This project, called Better Futures for All, has reached an exciting stage with extended hours services about to be launched, from one central Bracknell location to start with. We are also pleased to introduce Dr Ed Harrison who joins us as our first GP Fellow, who alongside our new advanced community nurses, represents a significant change to our primary care workforce.

### Better Care fund

Projects under the Better Care Fund are well established now and delivering benefits for local people. For example, those people with complex needs who are now under the care of an integrated care team are finding that they need up to 40% fewer visits to hospital. At the other end of the scale, the **Falls Free 4 Life** programme is identifying people who are developing a higher than average risk of falling and offering them help and advice before a fall occurs.

### Children and Young People

The new **Kooth** online counselling service is being launched jointly with our partners at Bracknell Forest Council. This is a great example of how working together with partners, we can afford to try a new approach to delivering a service to our young people in need of support.

### The Bracknell & Ascot CCG AGM

The AGM was held on 15<sup>th</sup> September at Easthampstead Park, and there was a great turn out of people interested to learn how our second year of operation at a CCG went. As well as the formal approval of the annual report and accounts, there were presentations from our Chair, Dr William Tong, on the key achievements for the year, and also an engaging presentation from Nigel Foster, our Chief Finance Officer on how the money was spent. Details of the annual report and all the presentations can be found on the website. There was also a 'marketplace' of stalls and



information sharing information about the work of the CCG and its partners. Many thanks to all who attended and took part. We are already planning for next year, so please let us have any comments or suggestions at the usual email address [BACCG.BACCGEnquiries@nhs.net](mailto:BACCG.BACCGEnquiries@nhs.net).

## **Report from Windsor, Ascot and Maidenhead CCG Head of Operations**

### **Prime Ministers Challenge Fund**

Implementation of plans for the Prime Ministers Challenge Fund are moving at a fast pace. We have a dedicated Programme Manager supported by others in the team. The topic has been covered at the last two GP Assembly meetings with good engagement from practice attendees. A launch event for all GPs and practice staff was held with good attendance. The Governing Body agreed a single tender waiver for Berkshire East Primary Care Out Of Hours to provide the majority of the extended services in conjunction with local practices. A wide ranging communications programme will be launched in June targetting patients, the wider public and people working in local services. The launch of extended hours services at St Marks Hospital and King Edward VII Hospital will be at the beginning of July.

### **Better Care Fund (BCF)**

Although non elective admissions continues to rise overall, all falls related non-elective admissions are meeting the BCF target of 9% reduction against the BCF baseline. This is being achieved through a range of initiatives including:

- Increased promotion of, and referrals to, the Keep Safe Stay Well service by Berkshire Healthcare NHS Foundation Trust (BHFT), GPs and the Royal Borough of Windsor and Maidenhead (RBWM) sources
- Identification of high risk individuals through a polypharmacy pilot
- Continuing education and support of care home staff
- Closer working with South Central Ambulance Service leading to a significant reduction in conveyancing of care home residents following ambulance callouts.

Additional plans to target carers, particularly those caring for dementia patients are being developed to maintain current momentum.

Analysis of non elective of 0-5 year old children has identified a number of children/families and hard to reach population groups in each ward and



practice who have been non-elective admission on several occasions. Opportunities to cross correlate this information with social care awareness of families needing early help are being explored to enable a joint and supportive approach to key families within the area by RBWM and WAM CCG.

## **The Care Act**

Launch of the Care Act has been supported by presentations at the WAM CCG EPIC and the WAM CCG carers' website which offers national and local information and advice to carers on a host of support services. Tailored support for GP practices and their patients is being provided through a newly appointed adviser at Berkshire Carers, with presentations to practice managers and invitations to attend local Patient Participation Group (PPG) meetings to promote carer identification and support.

## **End of Life**

An end of life care workshop was held in May, attended by carers, staff from Royal Borough as well as WAM CCG clinicians. The workshop identified key issues that will contribute to an East Berkshire wide review of services, as well as a number of key gaps in current provision that can be addressed locally. This will include more active engagement and training for carers of those with dementia and their carers to support advanced care planning and access to timely support and advice during crisis to avoid non-elective admission to acute services.

## **Learning Platform**

The CCG is finalising the plans for the launch of its learning platform 'GotoWAM'. This will provide everyone working within practices with access to learning portfolios, pathways, guidance and CCG information in an easily accessible format from their desktop or mobile devices. The pre-launch version has been seen by clinical leads who have provided positive feedback and content for the site.

## **Quality Premium**

The CCG has had to choose two local targets in addition to those mandated by NHS England which if achieved will attract a 'quality premium' payments. The two local targets chosen are: number of carers identified and improved achievement of the 8 care processes for diabetes.

## **Dementia**

The work with care homes and dementia has been nominated for a Patient Safety Award. Congratulations to Caroline Yeoman and Dr Chris Allen for the work they have put into this. Work is ongoing with practices to increase the



identification and referral to appropriate services for people with dementia.

### **Operational Leadership Team**

The Operational Leadership Team has discussed the following topics: referrals, out of hours, patient transport and 111 re-procurement, Quality Premium, locally commissioned services, prescribing incentive scheme, medicines review pilot, Collaborative Care for Older People, stroke services, the learning platform and CCG contributions to safeguarding boards. OLT regularly reviews QIPP progress and the contract and financial position.

### **New appointments**

Dr Carolyn Robertshaw will be joining the Governing Body as the fourth GP member on 1 June 2015 and Hayley Edwards will be joining as CCG Manager.

