

**DRAFT**

## **Bristol, North Somerset, South Gloucestershire CCG Governing Body meeting**

**Minutes of the meeting held on Tuesday 6 November at 9.00am. Batch Country House, Lympsham, Near Weston-Super-Mare, Somerset, BS24 0EX**

### **Minutes**

<b>Present</b>		
Jon Hayes	Clinical Chair	JH
Kirsty Alexander	GP Locality Representative Bristol North and West	KA
Peter Brindle	Medical Director Clinical Effectiveness	PB
Colin Bradbury	Area Director North Somerset	CB
Deborah El-Sayed	Director of Transformation	DES
Jon Evans	GP Locality Representative South Gloucestershire	JE
Felicity Fay	GP Locality Representative South Gloucestershire	FF
Brian Hanratty	GP Locality Representative Bristol South	BH
David Jarrett	Area Director South Gloucestershire	DJ
Martin Jones	Medical Director Commissioning and Primary Care	MJ
Nick Kennedy	Independent Clinical Member Secondary Care Doctor	NK
Rachael Kenyon	GP Representative North Somerset Woodspring	RK
Lisa Manson	Director of Commissioning	LM
Alison Moon	Independent Clinical Member Registered Nurse	AMoon
Anne Morris	Director Nursing and Quality	AMor
Justine Rawlings	Area Director Bristol	JRa
Julia Ross	Chief Executive	JR
John Rushforth	Deputy Chair, Lay Member Audit and Governance	JRu
David Soodeen	GP Locality Representative Bristol Inner City and East	DS
Sarah Truelove	Chief Financial Officer	ST
<b>Apologies</b>		
Kevin Haggerty	GP Representative North Somerset Weston and Worle,	KH
Peter Marriner	Lay Member Strategic Finance	PM
Sarah Talbot-Williams	Lay Member Patient and Public Involvement	STW
Viv Harrison	Consultant in Public Health, Bristol Local Authority	VH
<b>In attendance</b>		
Sarah Carr	Corporate Secretary	SC
Lucy Powell	Corporate Support Officer	LP



Adwoa Webber	Head of Clinical Effectiveness (Item 6.2 and 9.1)	AW
Charlie Kenward	Clinical Lead for Effectiveness (Item 6.2)	CK
Ian Popperwell	Service Improvement Facilitator (MH & LD) (Item 6.3)	IP
Julie Henderson	Designated Nurse for Looked After Children (item 7.1)	JHe
Paulette Nuttall	Head of Adult Safeguarding (item 9.2)	PN
Niema Burns	Inclusion Coordinator (item 9.3)	NB

	Item	Action
01	<b>Apologies</b> The above apologies were noted.	
02	<b>Declarations of interest</b> Jon Hayes and Felicity Fay declared a new interest explaining that Hanham Health had been successful in its bid to provide Primary Care for the Fromeside Forensic Unit. There were no further declarations of interest.	
3.1	<b>Minutes of the previous meeting of the 2<sup>nd</sup> October 2018</b> The minutes were agreed as a correct record with the following additions and corrections: <ul style="list-style-type: none"> <li>• Page 4, item 7.1 to expand “WSOA” to “written statement of action” throughout</li> <li>• Page 10, item 8.3, paragraph 1 to read “.....MSRA infections including the action plan for learning had been made”</li> </ul>	
04	<b>Actions arising from previous meetings</b> The Governing Body reviewed the action log. All actions for November were noted as closed. There were no further updates on open actions.  Jon Hayes made the following statement regarding the decision made at the August Governing Body meeting relating to Homeopathy Commissioning:  “Following an enquiry to the CCG’s chair from Dr Elizabeth Thompson of the Portland Centre about the homeopathy decision taken by Governing Body in August, we have revisited the figures that were quoted in the Governing Body report and also correlated this with the financial information we hold.  This has shown that while the CCG did spend £109,476 on homeopathy with the Portland Centre in 2017/18, there was a reporting error in so far as this spend was attributed to 41 new	



	Item	Action
	<p>referrals, whereas the total spend covered all outpatient attendances, including existing follow-ups, as correctly pointed out. Whilst this oversight would not have changed the overall decision made by the CCG it is important that any information released by the CCG is clear and transparent.”</p>	
05	<p><b>Chief Executives Report</b></p> <p>Julia Ross (JR) highlighted the Healthier Together Report explaining that this was focused on 2019/20 urgent care planning and a whole system workshop had been organised for the 11<sup>th</sup> and 12<sup>th</sup> of December to facilitate an accelerated planning process.</p> <p>Eight people would be attending on behalf of the CCG and JR extended the invite to the independent members of the Governing Body.</p> <p>JR highlighted her attendance at several external events and AGMs in October and noted the need for closer working relationships with these organisations:</p> <ul style="list-style-type: none"> <li>• The Air Ambulance and paramedics, particularly around the urgent care system development</li> <li>• North Somerset citizen’s advice and working with the voluntary sector generally</li> <li>• St Monica’s Trust and closer working with local healthcare charities</li> <li>• The local universities and the work they are undertaking in the areas of student mental health and wellbeing.</li> </ul> <p>JR praised the creation of the Pier Health Group Ltd and the work of John Heather, Kevin Haggerty and Mike Pimms in preventing a practice list dispersal for one of the North Somerset Practices.</p> <p>The CCG was reported to have been successful in a Design Council bid led by Bristol City Council and would receive additional funds to tackle MRSA challenges. The bid was noted as only one of seven council led bids approved by the Design Council. The feedback received regarding the bid had been extremely positive.</p> <p>Amanda Deeks, Chief Executive of South Gloucestershire Council was noted as retiring next year. JR highlighted the commitment of Amanda in working alongside the CCG.</p>	



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	<p>Nick Kennedy (NK) asked whether cross organisational workforce planning would be part of the 2019/20 planning process. JR explained that this would be a core component of the discussions at the planning workshop on the 11<sup>th</sup>/12<sup>th</sup> December. Jon Evans (JE) asked about the quality improvement aspect of the workshop and JR noted that as the focus was 19/20, the system was time limited in terms of enacting the transformational work required but would be a time of idea testing.</p> <p>David Soodeen (DS) commented on the Healthier Together report noting the high level approach outlined within the mental health strategy and asked whether the local population needs for Bristol, South Gloucestershire and North Somerset would be considered. Deborah El-Sayed (DES) noted that the paper outlined the large scale ambitions which would be refined following a system event and review of the local population needs.</p> <p><b>The Governing Body received the report.</b></p>	
6.1	<p><b>Healthy Weston</b></p> <p>JH explained that the Governing Body had delegated authority to the Commissioning Executive Committee to approve the Healthy Weston case for change document for publication. As the document needed approval prior to the Committee meeting, JH had taken Chair's action to approve the document and this had subsequently been published.</p> <p>JR set out the background to the paper highlighting the clear narrative which outlined the reasoning behind the Healthy Weston programme. This included the need to provide better quality of care and better use of resources for an area experiencing significant increase in population. It was noted that the next step was for the development of the pre consultation business case. Alison Moon (AMoon) praised the document and asked that the positive feedback be provided to the team.</p> <p><b>The Governing Body noted the progress of the Healthy Weston Programme and the Case for Change.</b></p>	
6.2	<p><b>Value Based Healthcare</b></p> <p>Peter Brindle (PB) provided the background to the programme. Charlie Kenward (CK) outlined the reasoning behind the Value Based Healthcare approach to decision making, noting that it</p>	



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	<p>started with patient views and worked towards the whole system working more efficiently. It was explained that engagement with the Clinical Cabinet and Healthier Together programme had taken place and the Healthier Together programme would provide funding for 24 clinicians and managers to receive high level training on the principles underpinning Value Based Healthcare. These people would then become Value Leaders who could drive the programme forward. A clinically led conference on value would be held in March 2019.</p> <p>Adwoa Webber (AW) highlighted that the key driver behind the change was putting patients first and asking patients what was important to them. Resources would then be prioritised based on the responses.</p> <p>Kirsty Alexander (KA) highlighted trust and continuity of care between patient and clinician as an important aspect. CK noted that continuity of care was a key metric to be evaluated as part of the programme. JE queried how outcomes could be measured as these appeared individual to each patient. AW highlighted some examples of Value Based Healthcare in other areas, citing an Acute Trust which measured cancer outcomes through experience of patients as well as the more traditional methods, new service design was then based on these patient experience measures.</p> <p>John Rushforth (JRu) welcomed the potential change in culture across the system but queried the governance reporting route. It was clarified that management would be through the Healthier Together programme. JR suggested a balanced scorecard approach to measuring the outcomes including patient experience and baseline measures.</p> <p>AMoon asked whether the outcomes were given equal weighting. AW confirmed this to be the case. AMoon also asked whether the public would be consulted on the values. CK highlighted that patients would be involved in future events. NK queried whether communications would be released regarding the Value Based Healthcare concept. AW assured the Governing Body that patients would be involved as patients were as much a part of the system as Commissioners and Providers.</p>	

	Item	Action
	<p><b>The Governing Body noted the progress on the Value Based Healthcare programme.</b></p>	
6.3	<p><b>IAPT Procurement</b></p> <p>DES gave the background to the paper noting that the Governing Body was asked to note the recommendation from the Commissioning Executive Committee to commence open procurement and the decision from the Strategic Finance Committee to increase investment by £1.6m. DES highlighted the high level of public and system engagement on the revised IAPT specification.</p> <p>Felicity Fay (FF) asked how the CCG would ensure that the Memorandum of Understanding would be managed effectively. The monitoring mechanisms of the service specification were outlined noting that there was emphasis within the specification on robust partnership working and data evaluation to monitor outcomes. LM explained that members of both the transformation and commissioning teams would be part of the bidder evaluation process to ensure the handover from development of the service to monitoring the service was robust.</p> <p>KA asked whether following the procurement, the system would have the resource to manage the increase in demand. Ian Popperwell (IP) explained that following decisions by the Commissioning Executive Committee and Strategic Finance Committee an additional £1.6m would be invested in the service to aid resourcing. AMoon asked about the locally defined outcomes and national targets for access rates. IP explained that the specification was focused on improving recovery rates rather than access rates which had been specified as reaching the national average. JR noted that due to the length of the contract it would be expected that the service provider would exceed the national access targets. It was agreed to amend the specification to this effect.</p> <p>JE asked how the service would manage access for currently underrepresented groups. IP confirmed that the service specification specified a need to understand local demographics as well as the local challenges to access services.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the report</b></li> </ul>	DES



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	<ul style="list-style-type: none"> <li>• <b>Noted the Commissioning Executive Committee recommendation to commence an open procurement</b></li> <li>• <b>Noted the investment decision of the Strategic Finance Committee</b></li> </ul>	
6.4	<p><b>Locality Transformation Scheme</b></p> <p>Justine Rawlings (JRa) explained that the update had been received at the Primary Care Committee, and outlined the 3rd phase of the Locality Transformation Scheme, explaining phase 2 had started on the 1<sup>st</sup> October 2018.</p> <p>JRa highlighted the NHS England work around Primary Care networks that aligned closely with the work the CCG was undertaking. The Governing Body was informed that discussions were taking place with NHS England around how the two programmes of work could link.</p> <p>JE highlighted that the scale of workstreams was important and patient needs should be considered in any service changes. JRa noted the use of a maturity matrix to evaluate the progress the work. The Governing Body discussed the locality links to providers and primary care and JRa noted the numerous joint events taking place to ensure alignment particularly around transformation plans.</p> <p><b>The Governing Body received the update and noted the progress to date.</b></p>	
7.1	<p><b>Looked After Children Update</b></p> <p>AMor presented the report to the Governing Body highlighting the updated action plan. It was reported that initial assessments had not been completed within the timescales required and this was due to the data not aligning with the actions that had taken place. It was noted that the quarter 3 report would show improvement following the actions taken.</p> <p>AMor highlighted an increase in timely assessments for North Somerset following the recruitment of a dedicated doctor locum.</p> <p>It was explained that several of the issues around late notifications, particularly in relation to South Gloucestershire Local Authority, related to the new electronic systems and these were highlighted in the report. It was noted that had the notifications been received on time, 65% of children would have been assessed within the</p>	





	Item	Action
	<p>deadline. It was explained that for Bristol work on improving notification times was continuing.</p> <p>JR sought further assurance on the mechanisms to deliver the improvements outlined in the action plan. AMor explained that following the first workshop it had been agreed that a further workshop would need to take place to further develop the action plans. JRu asked for more information regarding the proposed trajectory of achievement. Julie Henderson (JHe) explained that it was expected that 50% of initial health assessments would be completed by the timescales set out. JR requested that a further action plan including trajectories be presented to the Governing Body in February 2019 complete with further assurances of how improvements to access rates would be achieved. AMor explained that the second workshop would take place early in 2019 and the actions would be further developed following this event.</p> <p>JE queried the issues regarding the South Gloucestershire assessment rates. JHe explained there were outstanding issues regarding CCG access to data in terms of data protection and these were being worked through with the council. JE asked whether the additional locum solution in North Somerset could be emulated in South Gloucestershire and Bristol. JHe outlined the complexities involved in the notification process particularly for Bristol which would make a similar process difficult. It was expected that the notification rates for South Gloucestershire would improve following the return to the manual process.</p> <p><b>The Governing Body received the report and noted the progress to date.</b></p>	<p><b>AMor</b></p>
7.2	<p><b>Patient Experience Report</b></p> <p>AMor gave the background to the paper noting that the report pulled together the various patient experience data from across the CCG. The report had been reviewed by the Quality Committee and updated to reflect the work taking place on the quality strategy.</p> <p>AMor noted that the key themes collated from various feedback mechanisms were:</p> <ul style="list-style-type: none"> <li>• Individual Funding Requests</li> <li>• Access to services</li> </ul>	





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	<ul style="list-style-type: none"> <li>• Waiting times</li> <li>• Entitlement to NHS Services</li> </ul> <p>DES highlighted the opportunity afforded to the CCG to review engagement based on the themes outlined within the report and these would be further developed.</p> <p>KA asked about the progress on the Primary Care quality dashboard. AMor replied that a plan was now in place but noted that the data received from Primary Care was not fully developed yet and further work was taking place with Healthwatch to improve this.</p> <p>JR highlighted the importance of the report but noted that some of the general themes highlighted from Healthwatch reports were vague, more detail would be welcomed in the future.</p> <p>Dave Jarett (DJ) highlighted the “you said, we did” section of the report and noted that the increased funding to reduce waiting times for MATS following patient concerns could be included within the next report. DJ also noted that following comments received regarding patient transport services a full review of the service was now being undertaken.</p> <p>Martin Jones (MJ) sought assurance that the cannula issue had been raised with the Trusts. AMor confirmed that concerns were relayed through the Community Matron. The Governing Body asked that MJ raise this issue through the work ongoing between the Primary Care and Secondary Care interface.</p> <p>Following numerous comments on Free Style Libre devices within the patient experience report, the Governing Body discussed the decision made previously not to commission the device. PB noted that further evidenced data was now available for the CCG to review. It was noted that this further information would be discussed at a future Commissioning Executive meeting.</p> <p><b>The Governing Body received the quarter one report.</b></p>	<b>MJ</b>
8.1	<p><b>Quality and Performance Report – Quarter 1</b></p> <p>LM informed the Governing Body that A&amp;E performance in August had been above national average, however a challenging Autumn had reduced 4 hour performance levels.</p>	



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	<p>LM reported that all patients waiting 52 weeks at NBT had been clinically reviewed and the CCG was working with the Trust to explore all options. The remaining 52 week waiting patients were mostly complex orthopaedic cases that had been assessed to need treatment at NBT. Due to the resources necessary to treat these patients, the CCG was working with NBT to provide care to less complex patients in alternative settings to allow the complex patients to receive treatment. An action plan and further assurance on the 52 week waiting patients would be received at the next Governing Body meeting as part of the performance report.</p> <p>LM reported that the 62 day cancer target had been achieved for BNSSG CCG but noted that UHB was the only provider to achieve the target.</p> <p>Dementia diagnosis rates had been achieved within BNSSG despite some variation in North Somerset and South Gloucestershire. Following a review of out of hospital provision of dementia care, alignment of the three different services was being developed alongside the Locally Enhanced Services work.</p> <p>The Governing Body discussed the Delayed Transfers of Care at AWP. Following work by Social Services, the Acute Trusts and the CCG, the number of patients affected were within single figures. LM provided assurance that these were monitored on a regular basis through a live programme of work.</p> <p>AMor informed the Governing Body that the harm reviews undertaken by UHB in relation to the two potential cancer breaches had identified no harm.</p> <p>UHB had reported a never event. Investigations were ongoing with the equipment manufacturer to determine the cause. The contract performance notice remained in place and would be monitored through the monthly quality sub-group meeting.</p> <p>AMor reported that two contract performance notices had been closed at Weston Area Health Trust relating to discharge letters and dementia training. An increased number of pressure injuries had been reported at Weston General Hospital Emergency Department and the CCG was supporting the Trust in undertaking an audit in this area.</p>	<p><b>LM</b></p>



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	<p>AMor explained that a case of MRSA had been reported by North Bristol Trust bringing the total to six this financial year. An action plan would be shared by NBT at the next quality sub group following their implementation of a quality improvement programme specifically for MRSA.</p> <p>It was explained that Cossham Birthing Unit was temporarily closed until February 2019 following the redeployment of staff due to changes in national guidelines which had meant that a higher number of staff needed to be present at the Trust. A demand and capacity review was underway.</p> <p>The ADHD waiting list at AWP continued to be a concern, the Trust had been asked to undertake a clinical validation of the waiting list. The CCG had undertaken an observational visit of the service and were currently waiting for the report.</p> <p>DJ noted the level of falls at Skylark ward and requested that any outcomes of reviews be included in next month's performance report.</p> <p>AMoon sought assurance on AWP's serious incidence compliance status, noting that that the 72 hour reports were not being received. AMor reported that work was ongoing at AWP to review governance and processes at the request of their new Director of Nursing. JR suggested that they be invited to the CCG Quality Committee to discuss governance and process with the CCG.</p> <p>RK noted UHB assurances on the outcomes of the Gosport Report and explained that primary care prescribing processes should be robust and safe as evidenced through Practice CQC ratings.</p> <p>KA congratulated the Children's Hospital for achieving performance targets in August 2018, despite an 8% increase in attendances.</p> <p><b>The Governing Body noted the performance position of the CCG and that of key providers, including the risks, mitigating actions and responsibilities as appropriate.</b></p>	<p><b>AMor</b></p>



	Item	Action
8.2	<p><b>Finance Report</b></p> <p>Sarah Truelove (ST) informed the Governing Body that the CCG continued to forecast a £10m deficit. If this was maintained, the CCG would receive Commissioner Sustainability Funding of £10m and achieve break even. It was noted that the CCG was showing £5.6m of unmitigated risk as part of the No Cheaper Stock Obtainable (NCSO) issue. Discussions were being held with NHSE to determine whether the Commissioner Sustainability Funding would be received should this risk not be mitigated.</p> <p>ST highlighted a significant increase in elective short stay admissions in NBT, which the CCG was holding a £2.5m risk against. An activity query notice had been submitted relating to this and a challenge had been issued. JR highlighted a concern regarding the assumption that the full £2.5m would be realised. ST clarified that the full realisation only concerned the elective short stay challenge.</p> <p>The Governing Body was informed that the CCG continued to work on the undelivered savings. ST noted that following Control Centre deep dive reviews with the PMO team, further increases in savings were expected.</p> <p>The Governing Body discussed whether there was any NHS England guidance on the NCSO issue and whether this had been conveyed to Primary Care and Pharmacists. It was confirmed that no national guidance had been received. RK highlighted the need for the CCG to produce internal guidance and align with NHS England guidance when received.</p> <p><b>The Governing Body noted the financial position, key risks, issues and mitigations reported at Month 7.</b></p>	PB
9.1	<p><b>Ethical Framework for Decision Making</b></p> <p>PB highlighted the need for the CCG to develop a set of principles to achieve transparency of decision making by the CCG. AW explained that following a Governing Body away day in July 2018 to discuss the Ethical Framework, a further event had been held with the Commissioning Executive Committee for their feedback. AW explained comments had been received from Public Health that further engagement activities were planned for CCG staff and providers. It was further noted that the ethical framework would be further discussed at the Clinical Cabinet and Healthier Together</p>	



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	<p>Sponsoring Board both in November. The final draft of the document would be presented to the Governing Body in January 2019 for approval.</p> <p>FF queried whether patient groups had been part of the engagement process and AW confirmed that established community and voluntary sector groups had been approached for engagement. DES noted that following the recruitment of the Head of Insights and Engagement post, patient involvement by the CCG would be increased. NK highlighted that the NHS Commissioning Board had an ethical framework and suggested that AW review this as part of the development process.</p> <p>AMoon queried the engagement with STP partners and AW noted that following engagement with providers later in the month, it was hoped that that similarities in approach to decision making would be identified. JRu welcomed the paper and noted that part of the decision making process should involve joint ownership of the decisions made in formal committees. AMoon suggested that patient leaders be established to drive forward communications regarding the ethical framework for decision making. DES noted that if this idea was included as part of the process, the GPs may be able to suggest suitable leaders.</p> <p><b>The Governing Body received the update on the development of an ethical framework to support decision making</b></p>	
9.2	<p><b>Safeguarding and Mental Health Capacity Act Policies</b></p> <p>AMor highlighted the work ongoing to develop single Bristol, North Somerset and South Gloucestershire policies for both Safeguarding and the Mental Capacity Act. It was highlighted that no legislative amendments had been required in the policies and both had been reviewed by the Quality Committee and amendments made and included.</p> <p>JE raised issues around safeguarding communications between Primary Care and the Local Authorities noting the lack of feedback received following referrals. Paulette Nuttall (PN) agreed that the communications could be improved and this was a known issue and it was confirmed that work was ongoing in this area. JRa gave the example of recent ICE locality working with the Local Authorities in regards to communication issues. AMor agreed to</p>	



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	<p>report issues related to communications to the Safeguarding Board.</p> <p>The Governing Body discussed safeguarding training compliance and AMor noted that monitoring of provider training was through the Quality sub-groups and included within the performance and quality report presented to the Governing Body. PN highlighted the assurance work the CCG undertakes to review and increase provider training levels. JRu requested that the assurance monitoring be included within the policy to reflect the governance arrangements involved.</p> <p><b>The Governing Body approved the Safeguarding and Mental Capacity Act policies subject to the amendments above.</b></p>	<p><b>AMor</b></p> <p><b>AMor</b></p>
9.3	<p><b>Equality and Diversity Report</b></p> <p>Niema Burns (NB) explained the Equality and Diversity reporting timeline for the Governing Body noting that the baseline report, Equality and Diversity objectives and Equality and Diversity Strategy and action plan would be presented in January 2019. NB explained that the CCG was also developing other NHS mandated initiatives. DES highlighted that the Equality and Diversity work was not steeped in statutory and mandatory requirements, this would be a core element to the CCGs principles as well as other corporate strategies.</p> <p>JR queried who had been involved in the development of the draft objectives. NB clarified that input had been received from internal stakeholders and voluntary groups and noted that once the draft objectives were ratified, public consultation would take place. JR emphasised the need for the public and community groups to provide feedback on the draft objectives before the Governing Body in January. It was requested that public consultation take place in December and feedback included within the baseline report and draft objectives.</p> <p>JRu suggested the CCG link with the local universities, who had completed large amounts of work in this area previously for comment. JRu queried whether the CCG had any responsibilities for wider system equality and diversity objectives. NB noted that through the Equality Act, the CCG had statutory requirements for provider organisations. These requirements would be monitored through the contract route via the statutory requirements under the</p>	<p><b>DES</b></p>



	Item	Action
	<p>equalities act. It was confirmed that all providers were expected to achieve the same statutory standards. DES noted that the monitoring requirement and achievement of these should be monitored in a separate report. LM suggested that a monthly update be included within the Performance report and this was agreed.</p> <p><b>The Governing Body received the update on the Equality and Diversity reporting and objectives.</b></p>	LM
10.1	<p><b>Minutes of the Quality Committee</b> AMoon reported that regarding the care home concerns noted in the minutes, further assurance had been requested regarding quality in care homes and this would be reported at the next Quality Committee.</p> <p><b>The Governing Body received the minutes</b></p>	
10.2	<p><b>Minutes of the Commissioning Executive</b> <b>The Governing Body received the minutes</b></p>	
10.3	<p><b>Minutes of the Strategic Finance Committee</b> ST reported on behalf of Peter Marriner that the Strategic Finance Committee were continuing to undertake deep dives into the control centre savings. ST also reported that at the last meeting the Healthy Weston financial options had been reviewed and discussed.</p> <p><b>The Governing Body received the minutes</b></p>	
10.4	<p><b>Minutes of the Primary Care Commissioning Committee</b> <b>The Governing Body received the minutes</b></p>	
10.5	<p><b>Minutes of the Audit, Governance and Risk Committee</b> <b>The Governing Body received the minutes</b></p>	
10.6	<p><b>Minutes of the Healthier Together Sponsoring Board</b> It was noted that the highlights had been discussed as part of the Chief Executive update.</p> <p><b>The Governing Body received the minutes</b></p>	
11	<p><b>Questions from the Public</b> There were no questions from the public present.</p>	
12	<p><b>Any Other Business</b> JR reminded the Governing Body that the Director of Nursing interviews were on Wednesday 7<sup>th</sup> November.</p>	



	Item	Action
13	<p><b>Motion to Exclude Press and Public</b></p> <p>A “motion to resolve under the provisions of Section 1, Subsection 1 of the Public Bodies (Admission to Meetings) Act 1960 that the public be excluded from the meeting for the period that the Clinical Commissioning Group is in committee, on the grounds that publicity would be prejudicial to the public interest by reasons of the confidential nature of the business” was proposed by JH and seconded by JRu.</p>	
15	<p><b>Date of next meeting: Tuesday 4<sup>th</sup> December 2018</b></p>	

**Lucy Powell, Corporate Support Officer, November 2018**

