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| Governing Body Meeting Part 1 in public |
| Minutes of the meeting held on Thursday 7 September 2017 @ King's House, Amphill Road, Bedford |

Present:

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| Dr Alvin Low (AL) * | Clinical Chair |
| Sarah Thompson (ST)* | Accountable Officer |
| Malcolm Miller (MM)* | Acting Chief Finance Officer |
| Dr Chris Marshall (CM)* | Locality Chair Leighton Buzzard |
| Dr William Houghton (WH)* | Locality Chair Ivel Valley |
| Dr David Howard (DH)* | Locality Chair Bedford |
| Dr Ratan Das (RD)* | Deputy Locality Chair Bedford |
| Dr Sanjay Sharma (SS) * | Locality Chair Chiltern Vale |
| Roland Ginn (RG)* | Lay Member – Finance & Performance |
| Alison Borrett (AB) | Lay Member – Patient & Pubic Engagement |
| Heather Moulder (HM)* | Registered Nurse |
| Ian Brown (IB)* | Assistant Director of Public Health |

* Voting Members

Others in attendance

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| Caroline Kurzeja (CK) | Director of Strategy and Transformation (Interim) |
| Anne Murray (AM) | Director of Quality and Nursing |
| Jane Meggitt (JM) | Director of Communications and Corporate Affairs |
| Samina Arshad (SA) | Acting Director of Strategy and Transformation |
| Carol Davies (CD) | Head of Performance |
| Dr Lindsay Mackenzie (LM) | Clinical Director |
| Anne Bustin (ABu) | Healthwatch Bedford Borough |
| David McNeil (DM) | Interim Head of Governance |

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| 1. | <p>Welcome and Introduction</p> <p>The Chair welcomed everyone to the meeting. AL announced that there had been a few changes to personnel since the last meeting. He welcomed Sarah Thompson, Accountable Officer to her first GB meeting. The previous Chief Finance Officer (CFO) Ben Jay is pursuing a career opportunity at NHS England and welcomed Malcolm Miller as Acting CFO. Caroline Kurzeja as interim cover for Clare Steward will join the meeting later. AL also reported to the meeting that Dr Robert Sherwin had resigned and finally welcomed David McNeil as Head of Corporate Governance.</p> <p>AL began by introducing meeting etiquette that covered:</p> <ul style="list-style-type: none"> • respect for each other's individual and corporate skills, knowledge and responsibilities; • treating all ideas and contributions with respect; • being sensitive to colleagues' needs for support when challenging or being challenged; • making positive contributions to discussions; |
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| 2. | <p>Apologies</p> <p>The following apologies were received:</p> <ul style="list-style-type: none"> • Dr Robert Sherwin, Secondary Care Doctor • Donna Derby, Director of Strategy and Transformation • Saqhib Ali, Lay Member – Audit and Governance • Diana Blackmun, Health Watch • Emma Barter, Locality Chair West Mid Beds • Hein Scheffer, Director of Workforce |
| 3. | <p>Declarations of Interest and Conflicts of Interest Register</p> <ul style="list-style-type: none"> • AL declared that his wife worked at the CCG • As there was a paper on delegated commissioning (item 12), all GPs declared an interest. It was agreed that the chair for this item would pass to a lay member, RG. • CM asked that reference to a company called Horizon Health Services was removed as the company no longer traded. Action: DM to ensure this is removed |
| 4. | <p>Minutes</p> <p>The minutes of the meeting on 6 July 2017 were reviewed. They were approved with the following amendments:</p> <ul style="list-style-type: none"> • to note that Dr Robert Sherwin - Secondary Care Doctor had been present at the meeting • Reworded on Page 3 under Milton Park as follows: “HM raised the issue of emergency admissions for those aged 75 with a zero length of stay. HM indicated this was a good indicator of positive changes to patient pathways. In response, it was acknowledged that there had been an increase mainly due to patients going through the ambulatory care pathway.” • On Page 3, 4th para regarding IAPT to now read: “HM highlighted resource implications with the proposed changes and sought assurance it was already within the service cost envelope. HM further asked if the model had been adjusted to reflect the proposal to reassess patients after 12 months, particularly as doctors indicated there was already significant demands on their time and this additional pressure would need to be carefully considered.” • On page 5, Bedford locality was divided into 4 sub-localities, not 2 as indicated in the minutes • On page 6, finance report: should read “ HM reiterated that the GB had to be clear how back-loaded the QIPP plan was.” |
| 5. | <p>Actions arising from the previous minutes</p> <p>The action tracker was reviewed and all actions had been completed or were covered by items on the agenda.</p> |
| 6. | <p>Report of the Chair</p> <p>The Governing Body (GB) received a report detailing activities that the Chair had undertaken since the last meeting.</p> <p>The meeting noted the paper.</p> |
| 7. | <p>Report of the Accountable Officer</p> <p>ST thanked the meeting for their warm welcome.</p> <p>The report provided the Governing Body members with an understanding of the work of the Accountable Officer over and above those items included on the agenda. This report covers a period of four weeks from 24 July to 18 August.</p> |

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| | <p>Key areas covered in the report were as follows:</p> <ul style="list-style-type: none"> • Arrangements for Financial Recovery and recruitment of financial recovery specialist • Meetings with Bedford Borough and Central Bedfordshire Councils • Meetings with Providers of Services • CCG Member Practice visits • Bedfordshire, Luton and Milton Keynes (BLMK) Sustainability and Transformation Partnership • Staff meetings • Meetings with Healthwatch • Shared Services Meetings • Director level changes <p>The GB noted the recent work of the AO and received the report.</p> |
| <p>8.</p> | <p>Patient and Public Engagement Report</p> <p>JM said that she would like to bring three items to the attention of GB. These were:</p> <ul style="list-style-type: none"> • Mental Health – The CCG had arranged and delivered a series of engagement events with service users, carers and mental health professionals to listen to their views on how mental health crisis care can be improved in Bedfordshire • Non-Emergency Patient Transport – Work has started to involve patients, carers and relatives in the re-procurement of the Non-Emergency Patient Transport (NEPT) service. • Patient and Public Engagement Forum – At a meeting on 17 July, representatives voted to disband the existing Forum in favour of a new committee that reports directly to the Governing Body and includes a scrutiny panel from a wider membership base. In line with governance processes, a paper had been drafted for consideration by the Integrated Commissioning and Quality Committee (ICQC) and now the GB were being asked to agree to the establishment of a formal committee. <p>AL asked if the engagement report was reaching hard-to-reach groups. JM responded that Bedfordshire CCG (BCCG) served a diverse population and the communications team worked hard to identify parts of the community that were less involved. AM reminded the Governing Body of the need to ensure that, in areas of mental health, both adults and children were included.</p> <p>HM sought assurance that public health messages (pathway changes, managing diabetes etc) were getting through to the BCCG communities. JM said that they would look to separate out general PH messages from those promoted locally.</p> <p>AB asked if there had been any feedback from ELFT’s drop in sessions. JM said that the document detailing feedback was currently being reviewed and would be summarised and circulated shortly.</p> <p>The Governing Body agreed the establishment of the Patient and Public Engagement Committee (PPEC) and supported the work of patient and public engagement and wider communications activity.</p> |

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Integrated Commissioning and Quality Committee

AM said that she would like to highlight 5 areas:

- **Cancer standards** – achieved 6 out of 8 standards. However, the **31 days** target for radio therapy had worsened and there was now a recovery plan in place. NHSE are undertaking a national review of the siting of radiotherapy centres which will be helpful in shaping services locally.
- **62-day cancer** target had been consistently failed mainly due to inadequate performance by E&N Herts Hospital. There was now a recovery plan in place to recover this position by September 2017. BCCG is working closely with the NHSE Cancer Alliance to ensure delivery of this target. It is also being raised with the STP partnership. The GB supported the action to raise the E&N Herts issue with the STP Executive. **Action: the GB supported AM in raising the issues with E&N Herts with the STP Executive**
- **18 weeks** – the referral to treatment (RTT) at Bedford hospital has shown they are doing exceptionally well. However, there have been 6 breaches (4 patients) at 4 Trusts (not ones where BCCG are the main commissioners) and a detailed root cause analysis is being undertaken.
- **Diagnostic Paediatric audiology** is not performing very well at Cambridge Community Services and a remedial action plan is now in place.
- At **Millfield Lodge**, there have been a series of problems and it is recognised that there is a poor quality service for patients. Both the Safeguarding and Quality teams at the CCG have been working with Cambridge County Council to monitor each case, but unfortunately the service has not improved. AM informed the meeting that the home had closed on 10 August but could assure the GB that all patients had been safely moved and would all be followed up in their new residences.
- **Never Event** – at Moorfields in Bedford Hospital, a wrong lens strength was used on a patient receiving eye treatment. There was no patient harm and a full investigation has begun to ensure any learning from the incident can be shared.

HM asked if the extended waiting times for paediatric audiology had led to any harm to children. AM responded that the CCG was currently reviewing this issue but did not think there had been any harm.

HM asked if there were any emerging themes from the cancer pathways. AM said that there were various, in the main relating to complicated patients on complex pathways leading to long waits. Luton and Dunstable Hospital had reviewed the situation in their long waits and have said that there had been some administrative issues and new processes were being introduced, which were all being included in an overall development and improvement plan. These will be shared with our other providers to ensure there is collective learning.

There was a discussion on the 'urgent' 2 week GP referral and what it actually meant. AM would need to clarify the definition and report back.

Action: AM to seek clarity on the GP 'urgent' 2 week referral process and report back to GB at the next meeting.

AL asked when the 31-day cancer radiotherapy position would improve. AM said that the Cancer Improvement Group were monitoring the progress. HM added that in the interim, private providers were also being used to ensure rapid improvements.

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| | The Governing body received and agreed the report. |
| 10. | <p>Sustainability and Transformation Partnership (STP)</p> <p>JM reported that the progress of Bedfordshire, Luton and Milton Keynes (BLMK) Sustainability and Transformation Plan (STP) has been rated as outstanding by NHS England after a performance analysis of each of the 44 STP footprints across the country. National regulators published the figures which looked at the starting point for each STP and their achievements so far, through 17 performance indicators across nine priority areas, each falling into three core themes: hospital performance; patient focused change and transformation. Through these indicators, each STP's overall progress was rated and BLMK was one of only five areas to receive the top rating of 'outstanding'.</p> <p>Bedfordshire, Luton and Milton Keynes is one of eight STPs that are fast tracked towards an Accountable Care System (ACS).</p> <p>A design programme has been developed to map out what the ACS will look like and JM agreed to bring that back to the GB when completed. Action: JM to provide more information as soon as available.</p> <p>Luton Council and Luton Clinical Commissioning Group (LCCG) are joining forces, having recently signed a Concordat on moving forwards.</p> <p>ABu asked if the mobile Application from Public Health was being considered. IB said that the App, which was attempting to keep people active, was being reviewed.</p> <p>RG suggested that it would be useful to have a set of indicators, RAG rated, of how progress is being made. Action: JM to consider developing a set of measurable RAG rated indicators and timeline to show how the CCG is making progress towards an Accountable Care System.</p> <p>RG asked how the Luton Concordat fitted with the STP. JM said that individual places were being encouraged to make own plans – there is no blue print.</p> <p>DH said that the investment in Bedford Hospital was welcomed, particularly as it had enabled work to be carried out at Cauldwell Medical Centre providing a better service for patients.</p> <p>AL asked about how this was being communicated more widely. JM said that a reference group had been established with Healthwatch and other patient representatives to design a new and emerging story about the STP. This would be considered at the next STP Chief Executives forum for launch in October.</p> <p>The Governing Body considered the points raised and noted the progress made to date.</p> |
| 11. | <p>Draft Commissioning Intentions</p> <p>In 2016 Bedfordshire CCG Governing Body agreed Commissioning Intentions for 2017-19, in line with the nationally mandated requirement to move to two-year contracts with Providers. In line with good practice, the CCG is in the process of reviewing and refreshing the Commissioning Intentions to include further detail on plans for 2018-19.</p> |

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| | <p>The paper presented to the GB sets out arrangements for refreshing the 2017-19 Commissioning Intentions. A final version of the Commissioning Intentions document will be presented to the Governing Body once completed.</p> <p>Included in the Commissioning intentions refresh are the following areas:</p> <ul style="list-style-type: none"> • Urgent and Emergency Care • Elective Care • Primary Care • Children • Maternity. • Mental Health • Personal Health Budgets. • Integrated Out of Hospital Care <p>A final version of the Commissioning Intentions will be prepared, taking any feedback into account, and will be presented to the Extraordinary Governing Body for approval and final sign off on 28th September 2017.</p> <p>HM asked if the refresh would be through contract variations. ST said that a fully costed contract would be provided to each provider.</p> <p>The Governing Body approved the process to produce and consult the refreshed Commissioning Intentions for 2018/19 and noted that a final version of the full document will be presented to the Governing body at an extraordinary meeting on the 28th September.</p> |
| 14.40 | Caroline Kurzeja joins the meeting |
| 12 | <p>Primary Care Delegated Commissioning</p> <p>ALL GPs declared an interest in this item. The Chair position was delegated to RG but, as this was mainly about process, all GP members would remain but refrain from the discussions.</p> <p>ST said that this was a process paper setting out the steps to be taken to take on Delegated Commissioning of Primary Care from April 2018</p> <p>The co-commissioning of primary medical services (services provided by GP practices) is one of a series of changes set out in the national NHS Five Year Forward View. Since 2015, 85% of CCGs in England have taken on delegated responsibility for GP services, including locally Milton Keynes CCG.</p> <p>The paper presented to the GB set out the position in terms of:</p> <ul style="list-style-type: none"> • Delegated commissioning roles and responsibilities • Benefits and reasons for taking on delegated commissioning responsibilities • Potential Next steps and Timeline, should the CCG wish to apply to become a delegated primary care commissioner. <p>ST suggested the CCG continue the consultation process with member practices and stakeholders leading to a membership vote end September/early October.</p> |

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| | <p>It is proposed that the Governing Body receive a further report at the November meeting on the outcomes of the vote to then decide whether the CCG intends to apply to take on delegation.</p> <p>Should the decision be to apply for delegation from NHS England for primary medical services, then the process would include:</p> <ul style="list-style-type: none"> • Establishing a Delegated Commissioning Task & Finish group in order to finalise the supporting documentation for an application to NHS England • Developing preparatory work to establish systems and processes for delegated commissioning including reviewing and implementing the new Managing Conflict of Interest: Revised Statutory Guidance for CCGs • Identify and mitigate risks of delegation. <p>CK stated that there are benefits for GPs in undertaking this process. RG said that there were also risks associated with undertaking this process. CK agreed. For example, NHSE does it now and there is no guarantee that resources would accompany the transfer of responsibility. Although GMS contracts apply, GPs may feel this will be a risk to their budgets. It was recognised that there is a risk that GPs will vote no.</p> <p>AL asked how the CCG could ensure there was no conflicts of interest during this process. CK said the conflict was mainly about payments and this could be dealt with at F&P.</p> <p>HM added that 85% of CCGs nationally were already doing this, so there will be shared learning. ST agreed, saying that MK were prepared to share their learning.</p> <p>The GB received the paper, recognised that voting by all GPs (to change constitution) would be required and agreed the timeline.</p> |
| <p>13.</p> | <p><i>Chair returned to AL</i></p> <p>Dermatology Update</p> <p>LM said that the purpose of the paper was to provide an update on plans for the Bedfordshire Community Dermatology Service following contract termination notice from Optum with effect from 31st July 2017. Bedford Hospital NHS Trust were asked by Bedfordshire CCG to deliver the Bedfordshire Community Dermatology Service for a pilot period of 18 months, starting 1st August 2017. Since April 2017, key stakeholders have been working collaboratively to transfer both new and existing patients to Bedford Hospital for ongoing care arrangements.</p> <p>Bedfordshire CCG will continue to work with both Optum and Bedford Hospital Trust (BHT) to ensure the transition completes safely and effectively.</p> <p>During the term of the Bedford Hospital contract, the CCG will continue to monitor and review the service during the transition periods and will work collaboratively with Bedford Hospital to identify opportunities to further improve the model and patient experience.</p> <p>Phase 1 (to be finished in September 2017) - The aim of Phase One is to ensure that the service model allows a level of flexibility during service transfer to enable the best use of</p> |

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| | <p>clinical time and capacity, therefore the volume of patients seen in a community setting has been relaxed.</p> <p>Phase 2 (during October 2017) - The aim of Phase Two is to develop a new model of care with an emphasis on the management of the increasing demand for Dermatology. Nationally there is a shortage of Dermatology clinicians and the rate of growth across the system is becoming unsustainable.</p> <p>AB asked if the next edition of the paper would be presented to the Integrated Commissioning and Quality Committee ((ICQC). AM said that it would.</p> <p>AL recorded his appreciation of Bedford Hospital’s support in improving this service.</p> <p>The GB noted the report</p> <p>Action: AM to provide a paper for discussion to ICQC on latest developments in the Dermatology service.</p> |
| <p>14.</p> | <p>Herts Urgent Care (HUC)</p> <p>As the service continued to encounter challenges in order to deliver against the contractual requirements both Bedfordshire and Luton CCGs agreed to a joint Remedial Action Plan to support full mobilisation. HUC have been tasked with providing transparent accounting so that the CCGs can review the delivery of the service within the financial envelope. Also included are clear trajectories to achieve a full staffing model against plan and actions for HUC to provide assurance of their internal governance.</p> <p>Herts Urgent Care have provided a revised model and associated costs in order for them to fulfil the terms of the contract. The regional clinical lead for East Midlands has been requested to work with the CCG to ensure complete independence and expertise.</p> <p>A new national specification for these services has been received this week and these new models of care will no doubt prove useful in shaping the future service.</p> <p>AB asked when the situation with HUC would be resolved. AM said it was difficult to be precise and there are weekly meetings, but by October 2017 key trajectories need to have been met. AM added that the CCG was working with other CCGs who receive a service from HUC to ensure consistent approach. There remains a focus on improving and sustaining patient safety. AM confirmed that this issue has been escalated to NHSE.</p> <p>ST said that she would like record she was grateful for GB colleagues for their recent personal involvement in helping to manage and deliver this service.</p> <p>The GB reviewed the report</p> |
| <p>15.</p> | <p>Private Ambulance Service</p> <p>The report presented to the GB was to inform them of the status and performance of the Non-Emergency Patient Transport Services (NEPTS) contract, and to outline the key issues</p> |

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| | <p>alongside the mitigations BCCG are taking in managing this contract. It was agreed that a caretaker contract would be offered to Private Ambulance Service (PAS) for 12 months, during which time a full procurement would be undertaken.</p> <p>There have been considerable problems in PAS providing the quality of the service required. This has been raised at a quality summit at NHSE.</p> <p>CK said it was encouraging to see the detail in the paper and the focus on improving patient service and asked if this was being undertaken in conjunction with Providers. AM confirmed that Bedford Hospital was being very supportive and provide weekly updates.</p> <p>HM said this had been discussed at ICQC, in relation to checking that there were follow up discussions with patients whose appointments had not been completed. Providers had been able to commission taxis in some situations. HM further raised the wider issue of whether there was a market for this work and that a re-tendering exercise would not be all that fruitful. AM said that she thought there was a market, but recognised this was a risk.</p> <p>RG asked if there was any merit in commissioning this across the whole STP area. AM said this would be considered.</p> <p>HM asked if Herts Valley CCG were leading this work. AM said this was unclear, although they had undertaken some of the early work. AM recognised that leadership is key in this area.</p> <p>WH asked if this review of the service also provided an opportunity to review exactly what patients were entitled to and could there be integration or closer working with voluntary services. AM said this was something worth considering. SA said that she would review the entitlement issue with evidence from Birmingham CCGs.</p> <p>DH asked if there was a benchmark of what the CCG could expect to pay for this service. MM replied that there are benchmarks against other services, but it was important not to just focus on the price but rather on the quality of the service; otherwise unexpected costs could be incurred.</p> <p>DH asked if the current contract was under-priced. MM responded that the contract had been competitive.</p> <p>AL asked whether recommendations from the Healthwatch Central Bedfordshire survey had been factored in. AM said that had been very helpful and the CCG continues to work closely with Healthwatch</p> <p>Governing body received the report and agreed the recommendations</p> |
| 16. | <p>Finance Month 4 Report</p> <p>MM said that, based on current information, the control total of £11m surplus is not likely to be achieved and hence a Financial Recovery Plan is to be agreed. At this time, the control total has not been adjusted formally, so is still used in this report.</p> |

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| | <p>As at month 4, the CCG is forecasting to end the year with a £4.3m deficit. This forecast includes prior year adjustments, in year cost pressures of £18.2m, potential risks of £9.1m, and planned mitigations of £12m. To achieve the control total of £11m, the CCG is required to find additional cost mitigations of £15.3m by 31 March 2018.</p> <p>AL asked if more hospital admissions contributed to this deterioration. MM responded that GP referrals seemed to have increased by 4% over the previous year and there is some analysis that shows there have been a growth in admissions.</p> <p>AB asked if everything from the previous financial year had been considered. MM assured the meeting that this had been taken into account. ST said that she would be more cautious and perhaps reserve judgement until we see figures for month 5 in October.</p> <p>HM said that it was good to see such a forensic review. Was the CCG over optimistic on the provider contract and does the CCG have sufficient capacity in the contracting team? MM said there had been a step change in activity at the end of 2016. As the plan was agreed and submitted on 23 December 2016, the full activity figures were not understood, which included the risk in the plan. The CCG is now increasing the level of challenge to acute providers and additional resources have been recruited to provide a harder edge of challenge to providers.</p> <p>AL noted that we have 6 acute providers out of whom we are the lead commissioner for only one, and asked to what extent we are talking to the lead commissioners of the other 5. MM said that the CCG is pursuing a common approach, but recognises that this does present an additional risk as £50m is spent in this way.</p> <p>The GB noted and discussed the financial position</p> |
| <p>17.</p> | <p>Annual Audit Letter</p> <p>MM presented the Annual Audit Letter. It relates to the financial year 2016/17 and sets out the key findings arising from the audit of the CCG accounts. These are</p> <ul style="list-style-type: none"> • Unqualified accounts for 2016/17 – the accounts provide a ‘true and fair’ view of the financial position of the CCG as at 31 March 2017. • The Value for Money (VFM) Conclusion – two key risks were identified, being the adequacy of the steps needed to exit legal directions and the engagement with and financial risks arising from the Sustainability and Transformation Plan area (Bedfordshire, Luton and Milton Keynes. EY report that they are satisfied with the arrangement made in this respect. <p>The Governing Body considered the document prepared by EY and noted that the weaknesses identified in the Audit Letter are being addressed and progress is reported to Finance and Performance Committee</p> |
| <p>18.</p> | <p>Report of Sub-Committees</p> <ul style="list-style-type: none"> • Finance and Performance <p>RG said that the F&P was closely involved with the detail in the Financial Recovery Plan and have recognised the need for additional support, particularly around contracting.</p> |

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| | <p>The minutes presented are from the July meeting as they are the most recent to have been approved.</p> <p>AL said that the F&P Committee had a considerable task and asked how the GB may further support them. RG said that there were now 3 GPs on the Committee which helped understanding within the GP community.</p> <p>The GB received the minutes</p> |
| 19. | <p>Bedfordshire and Luton Joint Prescribing Committee</p> <p>AM presented a paper on reviewing the governance process for joint prescribing.</p> <p>The Executive Team ratified the Bedfordshire and Luton Joint Prescribing Committee recommendations and now considers these recommendations need to be ratified and strengthened elsewhere within the CCG. This paper seeks to outline possible alternative ratification options.</p> <p>The Governing Body discussed and agreed future CCG processes for the ratification of the recommendations of the Bedfordshire and Luton Joint Prescribing Committee.</p> |
| 20. | <p>Any Other Business None</p> |
| 21. | <p>Questions from the public</p> <p>One written question was submitted which was read out by AL</p> <p><i>"The stepped mental health and wellbeing plan designed by CCG staff in consultation with GPs and experts by experience over two years ago, set out the requirements for the incoming mental health provider. The commissioning brief anticipated, amongst other concepts, that no person in Bedfordshire would be 'not ill enough' to receive appropriate, timely assistance from clinical professionals which would ensure they did not become more ill. Beds on Sunday on 30 July 2017 included an article about a person who the Coroner believed committed suicide. This finding suggested that once again, people are not being offered "personal, fair, diverse", person-centred, timely care appropriate to their needs. To what extent are you holding the current provider of mental health and wellbeing services to account for not carrying out the requirements of your contract?"</i></p> <p>AL responded that this was a tragic loss of life. The CCG is working with the Provider to understand what the issues were and to see what learning can be gained to ensure these events to do not happen in the future. Once this review is complete AL said he would be happy to contact the person who raised the question.</p> <p>There were no further questions raised.</p> |
| 22. | <p>Notice of Motion: To Exclude Members of the Public and the Press for the Remainder of the Meeting</p> <p>The Governing Body resolved to adopt the following motion as a resolution of the Governing Body:</p> <p><i>THAT non-voting members of the governing body and, pursuant to the provisions of section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the press and public be excluded from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business about to be transacted</i></p> |

Signed *(As a true record)*

Dated

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Dr Alvin Low
Chairman

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