

**Governing Body Meeting Part 1  
in public**

Minutes of the meeting held on  
Thursday 5 April 2018  
Council Chambers – Central Bedfordshire Council Offices  
Priory House, Monks Walk, Chicksands, Beds SG17 5TQ

**Present**

Roland Ginn	RG	Vice Chair
Sarah Thompson	ST	Accountable Officer
Malcolm Miller	MM	Acting Chief Finance Officer
Dr Chris Marshall	CM	Locality Chair
Dr Ratan Das	RD	Locality Chair
Dr Sanjay Sharma	SS	Locality Chair
Emma Barter	EB	Locality Chair West Mid Beds
Alison Borrett	AB	Lay Member, Patient Engagement
Saqhib Ali	SA	Lay Member, Audit & Governance
Heather Moulder	HM	Non-Executive, Registered Nurse
Muriel Scott	IB	Public Health
Anne Murray	AM	Director of Quality
Jane Meggitt	JM	Director of Risk, Governance and Corporate Affairs
Hein Scheffer	HS	Director of Workforce
Martin Fahey	MF	Director of Quality
Sally Adams	SA	Out of Hospital and Primary Care Programme Director.
Charlie Wood	CW	Programme Director for Planned and Unplanned Care and Mental Health Commissioning
Janet Young	JY	Governance & Risk Manager

**Also in attendance**

Richard Winter	RW	Healthwatch Bedford Borough
Diane Blackmun	DB	Healthwatch Central Bedfordshire

**Apologies**

Dr. David Howard	DH	Locality Chair
Dr. William Hollington	WH	Locality Chair

2	<p><b>Welcome &amp; Introduction</b></p> <p>Roland Ginn welcomed members of Governing Body and members of the public to the meeting. The CCG was pleased to announce the appointment of two new programme directors: Charlie Wood has returned to work with us, taking up the role of Programme Director for Planned and Unplanned Care and Mental Health</p>
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	<p>Commissioning. We also welcome Sally Adams as our Out of Hospital and Primary Care Programme Director.</p> <p>RG announced that Dr Alvin Low had stood down after two years as a Governing Body member and CCG Clinical Chair for health reasons. Alvin was a valued colleague and had led the CCG through some difficult times and would be greatly missed by member of staff and Governing Body alike. Roland personally thanked Alvin for his invaluable contribution and announced that in the short term he had agreed to be Interim chair while arrangement are made to elect a new Clinical Chair. He stated that he was being provided the necessary clinical support from senior clinical leadership over this period.</p> <p>RG was saddened to announce that Dr Lathia had passed away in hospital on 23 March having suffered a heart attack. The CCG offered its condolences to Dr. Lathia's family and staff at Clapham Road Surgery at this difficult time.</p> <p>RG said that he expected the meeting to be conducted with the usual degree of etiquette and respect for colleagues with questioning directed through the Chair. He added that questions from the public in relation to any items on the agenda would be taken at the end of the meeting. Written questions already received would be read and responses given.</p>
3	<p><b>Declarations of Interest</b></p> <p>There were no additional conflicts in respect of the planned agenda or to add to the existing register.</p>
4	<p><b>Minutes of the Meeting held on the 7 March 2018</b></p> <p>The minutes were approved as an accurate reflection of the meeting.</p>
5	<p><b>Action Tracker</b></p> <p>There were no actions arising from the meeting on the 7 March but the Governing Body agreed that in future a "zero" action tracker will be included within the papers.</p>
6	<p><b>Patient Story</b></p> <p>In celebration of the 70<sup>th</sup> birthday of the NHS, Jane Meggitt shared a patient story telling us why they love the NHS and what it means to them. Jane explained that the CCG want to hear from local people willing to share their experiences about what the NHS means to them and gave details of where to send in their stories.</p> <p>Jane relayed Brian's story who lives in Bedford and has relied on the NHS to provide lifesaving care on three separate occasions – once in 1971 after a serious car accident resulting in a serious injury to his right arm; in 1978 when hit on the head whilst playing cricket resulting in an injury to the left side of his head; and finally in 1997 having undergone surgery to treat a serious stomach problem. Over the years Brian has tried to give something back through running marathons, and walking with cricketer Ian Botham on NHS fundraising event.</p> <p><b>The Governing Body noted the patient story.</b></p>
7	<p><b>Report of the Accountable Officer</b></p> <p>Sarah Thompson presented her report which covered the period from 19 February to 19 March 2018. The key areas covered in the report were</p> <ul style="list-style-type: none"> <li>• Financial Recovery</li> <li>• Meetings with Bedford Borough and Central Bedfordshire Councils</li> <li>• CCG Member Practice visits</li> <li>• BLMK STP</li> <li>• Meetings with Bedfordshire CCG Staff</li> <li>• Director changes</li> </ul>

	<p>In particular ST reported on the system resilience over the winter period. A&amp;E performance at Bedford Hospital has been escalated by NHS England and NHS Improvement and Sarah had met with the Trust's Chief Executive and Chief Operating Office with Dr Paul Watson on this matter on 9 March. A range of actions were requested and a further meeting in April.</p> <ul style="list-style-type: none"> <li>• Improvements to physical capacity in the Emergency Department and the patient flow through the department</li> <li>• Full utilisation of the available streaming to primary care capacity at BHTR</li> <li>• Arrangements to reduce the number of ambulance conveyances</li> <li>• Agreement on a model for improving bed occupancy</li> <li>• Consideration of weekend working in relation to diagnostics and discharge.</li> </ul> <p>In addition to this report, ST announced that the CCG had received confirmation that it will be allocated capital funding from the Hub to support transition. The CCG had been invited to work up a paper to support the allocation.</p> <p><b>The Governing Body noted the content of the report.</b></p>
8	<p><b>Integrated Quality, Safety and Performance Report</b></p> <p>Anne Murray presented the report and was pleased to confirm that the CCG had achieved all 8 indicators around cancer. Paediatric audiology diagnostics which had been a concern was improving and the waiting list was going down. Capacity issues which had led to underperformance in the Endoscopy Service was now in a recovery position. A&amp;E had improved and was now back above 90%. Dementia diagnostics was still a challenge and we are not making as much progress as we would like. However we were hoping to see improvements soon. Performance had deteriorated around IAPT but was being monitored against the remedial action plan at the monthly CCG chaired contract meetings. The CQC has announced that they will be visiting ELFT Mental Health Services in April.</p> <p>Richard Winter from Healthwatch queried whether the investment monies had been approved for people accessing IAPT services identified as black and minority ethnic as he was aware ELFT had requested further funding. <b>AM agreed to take this matter away and report back. (Action: AM)</b></p> <p>AB queried whether the patient transport service would have a full capacity by the end of May. CW responded as in her previous role she was lead commissioner for PTS. She reported that the transfer had been challenging. The contract was signed at the end of December and EEAST are still in mobilisation mode. They are working through consultations with existing staff and aligning staff to geographical areas was proving to be difficult. A strategy meeting was to be convened to hold EEAST to account as they are not at full compliment.</p> <p>AM added that patients were not felt to be at risk. Areas of concern were being robustly monitored.</p> <p><b>The Governing Body noted the verbal update on the CCG's performance and quality of services.</b></p>
9	<p><b>Ofsted/CQC Local area Special Education Needs and Disability (SEND) inspection report.</b></p> <p>Anne Murray presented the paper which informed the Governing Body of the outcome following the recent SEND inspection in partnership with Bedford Borough Council. The paper detailed the next steps for BBC and the CCG following the outcome of the need to submit a Written Statement of Action due to the weaknesses identified. This will need to be submitted on the 29 June. The concerns identified were:-</p>

	<ul style="list-style-type: none"> <li>• The need to identify coordinated priorities, strategies or accountabilities between the services to ensure that joint commissioning is undertaken effectively.</li> <li>• BCCG is required to identify a robust action plan to deliver the necessary actions to ensure that outcomes for young people improve.</li> <li>• Leaders are required to ensure that the local offer provides clear, comprehensive accessible and up-to-date information about available provision and how to access it. Ensuring that this is responsive to local need.</li> <li>• Leaders have not collectively ensured that EHC plans identify the range of needs for children and young people, including the sign posting to personal budgets</li> <li>• There are weaknesses across the borough in the provision for young people who have Special Education Needs and/or disabilities, including social emotional and mental health needs, this includes complex needs such as autistic spectrum disorder.</li> </ul> <p>AM reported that the CCG was already working on a detailed plan which will be brought back to the Governing Body at a future meeting.</p> <p><b>The Governing Body noted the outcome of the inspection and the requirement for a Written Statement of Action and the associated next steps.</b></p>
10	<p><b>Winter Briefing</b></p> <p>Anne Murray presented the report. The main pressure at BHT had been due to there being unprecedented numbers of extremely sick frail elderly patients and an increasing volume of patients with respiratory/flu type symptoms coming into A&amp;E needing admission. This high activity coupled with insufficient numbers of discharges had direct impact on the Trust's bed availability and flow. The report detailed the response to the high levels of demand. In particular AM highlighted an Early Intervention Vehicle Pilot, crewed with a Paramedic and Assistant Practitioner which had been implemented across Bedfordshire during February and March to respond to falls and sick patients over 65 in their usual place of residence to prevent unnecessary conveyance to hospital. This is a QIPP scheme which in the first three weeks of the pilot the crew attended 70 referrals and prevent 35 conveyances. CM pointed out that nationally 10,375 extra deaths had occurred in the first seven weeks of this year which was a 10% increase on last year. This proves that it is not just a Bedfordshire problem and one that will potentially be on-going. HM reported that there had been success in care homes where the elderly were being cared for by a community pharmacist and GP with dedicated teams in care homes to avoid admissions. CM added that a community geriatrician was operating in the south of the county and supporting care homes.</p> <p><b>The Governing Body noted the briefing on the system wide winter pressure response.</b></p>
11	<p><b>BLMK Local Maternity System Transformation Plan</b></p> <p>Anne Murray presented the report which gave detail of the BLMK LMS plan and progress to date since the plan submission to NHS England on 31<sup>st</sup> October 2017. Milton Keynes CCG is the lead organisation with their Chief Officer acting as Senior Responsible Officer (SRO) and the programme team based in Milton Keynes CCG. AM explained that in February 2016 Better Births set out the Five Year Forward View for NHS maternity services, the aim being to see safer, and more personalised and family friendly maternity services. The BLMK LMS was established in March 2017 to respond to the transformation needs as a partnership.</p>

	<p>AM reported that this is a very positive piece of work demonstrating good partnership working. The key deliverables include:</p> <ul style="list-style-type: none"> <li>• Reduced rates of still birth, neonatal death, maternal death and brain injury during birth by 20% by 2020. On track for 50% reduction by 2030.</li> <li>• Ensuring all women have a plan that they feel is personal to them</li> <li>• All women are able to make choices about their maternity care, during pregnancy, birth and postnatally.</li> <li>• Women receive continuity of person caring for them</li> <li>• Women are able to give birth in midwifery settings at home and in midwifery units.</li> </ul> <p>AM agreed to bring regular updates on progress back to future Governing Body meetings.</p> <p><b>The Governing Body noted the progress made in relation to the BLMK LMS Transformation Plan.</b></p>
12	<p><b>Urgent Treatment Centre and Extended Access Update</b></p> <p>Dr Sanjay Sharma gave a presentation on the Bedfordshire Urgent and Emergency Care Model. The presentation gave the rationale for change; comparison of the current provision and the new provision from October 2018; the detail for each service; identified risks; and the proposed model.</p> <p>The Putnoe Medical Centre contract expired on the 31 March 2018. A new contract was procured until the 30 September but Putnoe have said that at the end of September they no longer wish to proceed with the contract and require the available space for themselves. As a result a new provision from 1st October will offer an Urgent Treatment Centre (to include walk ins) and GP extended access which is over and above the current provision.</p> <p>In detail the services to be in place from 1<sup>st</sup> October 2018 are:-</p> <p><b>GP Extended Access</b></p> <ul style="list-style-type: none"> <li>• GP led</li> <li>• To be accessible for routine and urgent healthcare needs</li> <li>• Operational hours will be 18.30 – 20.00hrs Monday to Friday</li> <li>• Weekends and Bank holidays (to be confirmed)</li> <li>• The location of the provision is yet to be determined however it is expected that there will be at least one location per Locality.</li> </ul> <p><b>Urgent Treatment Centre</b></p> <ul style="list-style-type: none"> <li>• Operational 12 hours a day 11.00am to 23.00pm 7 days a week</li> <li>• For patients with urgent healthcare needs</li> <li>• Service will be accessible through 111 for same day booked appointments; for patients who walk in (to include streaming from A&amp; E); by direct referrals from GPs and ambulance services.</li> <li>• The service will be available for both registered and unregistered patients in Bedfordshire and also those who are transient in the community.</li> </ul> <p>In order to support the views being expressed by the public an additional proposal is being put forward to supplement the implementation of the UTC and extended GP access service.</p> <p><b>Proposed Walk In Service at Gilbert Hitchcock House, Bedford Hospital North Wing</b></p> <ul style="list-style-type: none"> <li>• A Like for Like walk-in service</li> <li>• Located at Gilbert Hitchcock House, (BHT North wing)</li> </ul>

	<ul style="list-style-type: none"> <li>• Satellite service to the UTC</li> <li>• Same operational hours as Putnoe</li> <li>• The additional cost to provide the walk-in service will be approximately £1million at worse.</li> </ul> <p>The proposal to utilise Gilbert Hitchcock House will be taken to Bedford Borough Overview and Scrutiny Committee on the 17 April for approval and guidance on whether the CCG will need to go through a public consultation process with regards to the walk-in element.</p> <p>SA asked if there would be any problems for patients parking at GHH. ST replied that the parking at the site comes under Bedford Hospital and the CCG will need to have a discussion with them around parking charges.</p> <p>AB asked whether the CCG had made provision for the £1m spend. ST replied that the provision was discussed in detail at the Finance &amp; Performance Committee and the CCG has made provision in the 18/19 Financial Plan.</p> <p>DB asked whether the service would be streamed to the HUC. SS replied that the 111 service will direct patients to HUC where they will be triaged. DB responded that there had been issues getting through to 111 and asked whether this would make a difference. AM answered that additional call handlers had been recruited and the criteria on calls monitored. However, monitoring will continue.</p> <p>RW asked whether GP cover at weekend was to be confirmed. SS responded that this would depend on each Locality's needs. EB added that any extra hours not used during the week would be utilised to provide cover at the weekend.</p> <p><b>The Governing Body approved the proposal for BCCG to present to the Bedford Borough Overview and Scrutiny Committee on the 17 April.</b></p>
13	<p><b>Joint Health and Wellbeing Strategy</b></p> <p>MS talked through a presentation which outlined the proposed areas of focus and next steps for the development of the Health and Wellbeing Strategy for Central Bedfordshire's Health and Wellbeing Board. She reported why the Health &amp; Wellbeing Board was refreshing the strategy; the potential priorities previously identified; where the Board focus should be to initiate and drive the actions; how they will support residents to optimise their own health and wellbeing; and how they are driving change to improve mental health and wellbeing across all ages.</p> <p>It is CBC's intention to carry out some further engagement and aim to sign-off the final strategy at their July 2018 Board.</p> <p>ST enquired what would be happening in Bedford Borough. MS answered the BBC are going through a similar process and are presently out for consultation. Feedback would be looked at soon.</p> <p>AB commented that there were various voluntary organisations that sat on the CCG's Patient &amp; Public Engagement Committee and an invitation was extended to MS to attend should it be felt useful.</p> <p>CW enquired whether the strategy is aligned to our STP direction. MS responded that the H&amp;WB deal with issues mostly at "place" but she would take an action away to make sure the any STP alignment was transparent.</p>



	<p><b>(b) Patient and Public Engagement Committee</b>  AB reported that the second Patient and Public Engagement Committee meeting will take place on 12<sup>th</sup> April.</p> <p>The CCG has invited Paul Binfield, the Head of People Participation at ELFT (East London Foundation Trust) and Louise Palmer the Head of Clinical Quality from Cambridgeshire Community Services (CCS) to attend the meeting. The committee are keen to hear how they plan to engage and involve service users in designing and developing their services, for both the new Community Health Services contract and the existing mental health services contract.</p> <p>To ensure the views of young people are also being considered, the PPEC representatives for young people will submit questions and possibly video clips featuring young people asking questions and providing feedback on how they think ELFT and CCS should be involving young people. These will be shown at the meeting as part of the discussion, we will then feed ELFT's and CCS's responses back to the young people.</p> <p>AB was confident that members of the committee will provide valuable feedback to ELFT and CCS, which will help them to develop robust plans for involving patients, service users and carers in shaping the healthcare services that the CCG commissions them to provide.</p> <p>Members of the PPEC are also keen to find out how Bedfordshire residents are going to be involved in the work of the BLMK STP. The Committee was therefore pleased that Sam Holden and Nicola Dowlen who lead on Communications and Engagement have agreed to share their plans and ideas on how they will be involving Bedfordshire patients and members of the public in their work.</p> <p><b>The Governing Body noted the updates.</b></p>
17	<p><b>Minutes of the sub-committees ratified since the last Governing Body meeting</b></p> <p>Finance &amp; Performance Committee 28 February.</p> <p><b>The Governing Body noted the business transacted.</b></p>
18	<p><b>Review of the External Committees</b></p> <p>Overview and Scrutiny committee BBC 6 March 2018  H&amp;W Board - CBC 21 March 2018  - BBC 14 March 2018</p> <p><b>The Governing Body noted the business transacted.</b></p>
19	<p><b>Any Other Business</b></p> <p>There was no other business</p>
20	<p><b>Questions from the Public</b></p> <p>A pre-emailed question had been received from Paula Grayson  "What percentage of GP referrals to specialist diagnostics, tests or consultant appointments are being challenged either by your staff or by an agent of the CCG?"</p> <p>JM explained that the CCG required to carry out further investigation to enable a response but would get back to Paula as soon as possible with a written response.</p>

	<p>Cheryl Green</p> <p>Q Has the CCG sought permission from NHS England to spend £1m for the provision of the like for like walk in service at Gilbert Hitchcock House?</p> <p>A. Yes, the CCG's financial plan for 2018/19 includes the £1m and has already been agreed.</p> <p>Q. There are still concerns around HUC and the service still requires improvement how is the CCG dealing with this?</p> <p>A. The CCG continues to challenge HUC and speaks to them daily around any performance issues. This challenge needs to be sustained but assurance can be given that it is a continuous process. The CCG has also organised some "clinician to clinician" meetings to discuss difficulties and offer advice.</p> <p>Q Will there be any further communication regarding the urgent and emergency care model?</p> <p>A. Yes, the CCG intends to run a communications plan between now and the OSC Meeting. Communications will also be part of the engagement process.</p>
	<p><b>The Meeting closed at 3.35pm</b></p>

Signed

Dated

**Roland Ginn**  
Vice Chair