

<b>Governing Body Meeting Part 1 in public</b>
Minutes of the meeting held on Thursday 3 May 2018 Incuba, Dunstable LU6 1AA

Present

Chris Marshall	CM	Acting Clinical Chair
Sarah Thompson	ST	Accountable Officer
Malcolm Miller	MM	Chief Finance Officer
Dr Ratan Das	RD	Locality Chair
Dr Sanjay Sharma	SS	Locality Chair
Dr William Hollington	WH	Locality Chair
Emma Barter	EB	Locality Chair
Saqhib Ali	SA	Lay Member, Audit & Governance
Heather Moulder	HM	Non-Executive, Registered Nurse
Anne Murray	AM	Director of Quality
Jane Meggitt	JM	Director of Risk, Governance and Corporate Affairs
Sally Adams	SA	Programme Director of Out of Hospital and Primary Care.
Charlie Wood	CW	Programme Director for Planned and Unplanned Care and Mental Health Commissioning

Also in attendance

David McNeil	(DM)	AD of Governance, Risk and Corporate Services
Richard Winter	RW	Healthwatch Bedford Borough
Diane Blackmun	DB	Healthwatch Central Bedfordshire

Apologies

Dr. David Howard	DH	Locality Chair
Hein Scheffer	HS	Director of Workforce
Allison Borett	AB	Patient and Public Engagement
Muriel Scott	MS	Public Health
Ian Brown	IB	Public Health

2	<p><b>Welcome &amp; Introduction</b></p> <p>CM welcomed members of the public and members of the GB. He explained that he was acting as clinical chair due to the absence of the current acting lay chair. CM began by explaining that the agenda would be rearranged to accommodate a presentation from Bedford Borough Council in respect of the walk-in centre. This meant that items 10 – 12 would be taken before item 9, directly after the formal recording of minutes and actions at the start to the meeting.</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 5 April 2018</b> The minutes were approved as an accurate reflection of the meeting.</p>
5	<p><b>Action Tracker</b></p> <ul style="list-style-type: none"> <li>• .IAPT. There is a new workforce in place focusing on IAPT support for BME population – Action closed</li> </ul>
6	<p><b>Patient Story</b></p> <p>JM detailed a recent experience of a stroke patient, demonstrates the importance of the Early Support Discharge (ESD) team and how it can aid patient recovery. CM summarised by saying that the case demonstrated the need for a strong link between the acute episode of care and that provided in the community.</p> <p><b>The Governing Body noted the patient story.</b></p>
7	<p><b>Chairs Report – Roland Ginn, Acting Lay Chair</b></p> <p>The purpose of the report was to update the Governing Body on my work since the last meeting in April 2018.</p> <p>The Chair continued to work as both a lay member with responsibilities for Finance and Performance and as acting Chair for the CCG. As the organisation needs to demonstrate that it is clinically led, he sought clinical support at relevant meetings through clinical colleagues on the GB.</p> <p>The process to recruit a new clinical chair is being discussed.</p> <p>The Chair met regularly with Sarah Thompson, Accountable Officer, to provide support to the business of the CCG.</p> <p>Meetings attended</p> <ul style="list-style-type: none"> <li>• Committees in Common – agreed to the post of a joint AO across BLMK and the appointment of three COOs</li> <li>• Continued to work with the two chairs of LCCG and MKCCG to support the move to an ICS and develop new management and leadership arrangements across BLMK</li> <li>• Integration: Place v Scale - a discussion led by Michael Macdonnell on future changes</li> <li>• Assurance review – with NHSE and with colleagues from across the STP</li> <li>• Finance and Performance Committee</li> </ul> <p><b>The meeting received the Chairs report</b></p>
7	<p><b>Report of the Accountable Officer</b></p> <p>The report covered the period from the 5th April to 20th April 2018</p> <ul style="list-style-type: none"> <li>• Key areas covered in the report were as follows:</li> <li>• Bedford A&amp;E performance follow up meeting</li> <li>• Q4 Assurance</li> <li>• CIC meeting</li> <li>• Meetings with Bedford Borough and Central Bedfordshire Councils</li> <li>• CCG Member Practice visits</li> </ul>

	<ul style="list-style-type: none"> <li>• Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership (BLMK STP)</li> <li>• Meetings with Bedfordshire CCG Staff</li> <li>• Director changes</li> </ul> <p><b>The Governing Body noted the content of the report.</b></p>
<p>Agenda item 10</p>	<p><b>Winter Briefing</b></p> <p>The Bedfordshire system continued to see considerable pressure throughout March with Bedford Hospital declaring Operational Pressures Escalation Levels (OPEL) 4 for 1 day, OPEL 3 for 23 days and de-escalating to OPEL 2 over the Easter weekend and for the following week. The main pressure continues to be sick frail elderly patients remaining in hospital longer causing the trust to create additional capacity which in turn puts pressure on the system. The OPEL framework has been utilised throughout with system wide teleconferences being facilitated by the CCG when required.</p> <p>A system-wide System Resilience Workshop took place at Bedford Hospital 11th April to review winter performance and response to activity surges. It was attended by all system partners including NHS England’s Winter Director. The aim of the workshop was to identify what issues arose during the period; what went well, what didn’t, and to produce a clear action plan going forward. The output of this action plan will be to implement change across the system in order to prevent elements of activity surge as well as enabling the anticipation and management of system pressures going forward.</p> <p>CM said that it had been a difficult winter, with primary care also experiencing considerable pressure. CW said that, despite having seemingly robust plans in place, they still don’t ‘fit’ the demand spikes.</p> <p>HM asked about the role of care homes. CW said that there were a number of schemes in place with care home providers. SA added that enhanced care in care homes is being rolled out.</p> <p>RD said that there had been high demand at A&amp;E, which had often been compounded by the lack of space, although in general staffing levels had held up well.</p>
<p>11</p>	<p><b>Urgent Treatment Centre</b></p> <p>The Urgent Treatment Centre (UTC) project is on track to commence 1st October 2018. The CCG met with Bedford Hospital Trust (BHT) to review plans and gain assurance around the projects delivery. The Trust has a comprehensive programme in place and mobilisation and recruitment work is underway.</p> <p>The Clinical Pathways Group (CPG) met and agreed the following:</p> <ul style="list-style-type: none"> <li>• A&amp;E streaming – the agreed streaming model will be reflective of the national model.</li> <li>• UTC referral pathways to Ambulatory Emergency Care Unit (AECU). Referrals in to the AECU will follow the current process for GPs wishing to send a patient to hospital for same day assessment. Consideration is being given to extend this service to reflect service timelines.</li> <li>• 111 to UTC will be directly booked once clinically assessed (by phone) and will include ‘see/speak to a primary care clinician within 2, 6 or 12 hours’ for minor</li> </ul>

	<p>illness and minor injury, (where there is no availability with their own in hours GP or Herts Urgent Care (HUC) Out Of Hours GP) for the period 11am – 11pm 7 days a week. This could also include the step down of some Emergency Department and green ambulance dispositions to UTC appointments once clinically reviewed and assessed.</p> <ul style="list-style-type: none"> <li>• Referrals from the ambulance service and GP’s will include minor illness and minor injury with the exception of patients who are non-weight bearing or non-ambulant. The referral pathway will initially be via telephone with the ambition for GP’s and ambulance colleagues to directly book.</li> </ul> <p>The overall mobilisation progress will monitored by the Collaborative Programme Board who will report to the Acute Transformation Board. This Programme Board will have Executive Level representation from BHT, HUC and Bedfordshire CCG and will meet monthly, with the next meeting being held on 26th April 2018.</p>
12	<p><b>Putnoe Walk-in Centre</b></p> <p>SA reminded the GB that the recent meeting of the Health Overview and Scrutiny Committee (OSC) had recommended that the CCG undertake full public consultation on the Putnoe walk-in centre. Therefore the CCG would now begin the process of developing its consultation plans which would be presented to the GB and to the OSC.</p> <p>The Chairman than exceptionally invited Councillor Roydon to address the GB. Cllr Roydon read from a pre-prepared statement as follows:</p> <p><i>“Following the decision of Bedford Borough Adults and Health Overview and Scrutiny Committee on April 17<sup>th</sup> to require a public consultation on changes to walk-in services, you now had advice before you today at item 12 that states that the CCG will be unable to make arrangements for a continuing walk in centre service from 1<sup>st</sup> October 2018.</i></p> <p><i>The proposed continuation of a like-for-like walk in service in Bedford on the north side of the river is something that was welcomed by councillors across all political parties, and I know that it was not the intention of the members of the Adults and Health Overview and Scrutiny Committee that their decision should result in that continuation not taking place.</i></p> <p><i>Further, as the Council’s Chief Executive has advised the CCG’s Accountable Officer, the Chair has asked the Committee to reconvene for an additional meeting to reconsider this matter to enable the decision to be reconsidered and the walk in service to continue uninterrupted.</i></p> <p><i>My question is therefore to ask for an assurance that, subject to the Committee reconvening and conforming that it does not require full public consultation, you will uphold your decision of just a few weeks ago and proceed with arrangements for ma continuing walk-in service in Bedford.</i></p> <p><i>I hope you will recognise that it would be absurd for the many thousands of residents who will be served by the proposed ongoing walk-in service that they should lose it when you as Commissioners have identified it should continue from October 1<sup>st</sup>, and when local residents and their representatives overwhelmingly want that continuation to happen. We do not need a consultation to tell us how important a walk in centre is, serving this area of north Bedford.</i></p>

	<p><i>As Mayor Dave Hodgson has said before you at previous governing body meetings in recent months, it is essential that Bedford is served by the planned new urgent treatment centre at Bedford Hospital and a continuing walk in service north of the river, and that there is a clear need for both. Just a few weeks ago, you agreed as Commissioners that a walk-in service north of the river should continue in Bedford from 1 October, to be reviewed in a year's time. Please uphold your own decision, in light of the indication from Councillors that they will work with you to ensure that there is no loss of proposed services for local residents.</i></p> <p><i>My personal view is that the Councillors on the Overview and Scrutiny Committee made a decision which they did not understand the consequences of. The Chair is now asking you to continue plans for the walk-in service to continue, whilst he enables the Committee to reverse the decision.</i></p> <p>In response, the acting chair of the CCG thanked the Councillor for confirming the new position. He said that the CCG noted the recommendation from the Overview and Scrutiny Committee on the 17<sup>th</sup> April that we should proceed to full public consultation. We also note the revised position from elected members today.</p> <p>He added that the CCG were committed to delivering in the best interests of our public and so agreed to get in touch with Councillor Mingay, Chair of the Overview and Scrutiny Committee, to arrange a meeting to discuss this further.</p> <p>Councillor Royden thanked the Chair and the GB for allowing him to address them directly.</p>
<p>Agenda item 9</p>	<p><b>Integrated Quality, Safety and Performance Report</b></p> <p>The Integrated Performance and Quality report (IPQR) was populated with the latest nationally published data which is predominantly Month 10 (January). The report provided an update on the CCGs performance and quality of services and links to the strategic objectives identified above.</p> <p>Issues raised for discussion:</p> <ul style="list-style-type: none"> <li>• RTT 18 Weeks Incomplete Pathway – impact of winter pressures</li> <li>• Ambulance Response Programme Reporting</li> <li>• Improving Access to Psychological Therapies – remedial action plan</li> <li>• East &amp; North Hertfordshire performance/data reporting</li> <li>• Diagnostic 6 week wait - Cambridge Community Services and Luton &amp; Dunstable</li> </ul> <p>CW said that Lister hospital data showed that patients had been diverted across because the system had crashed. We are in discussion with them regarding business continuity plans. WH confirmed that this had affected services across the patch.</p> <p>AM drew the GBs attention to the C Diff figures which had ended the year at 71 which was below the already low target of 73.</p> <p>CM asked about the CHC performance indicators that were showing red. AM said that this was recognise and was almost certainly a glitch in the data. The CCG is working with the national collaborative as our figures show that we are performing well.</p>

	<p>CW raised the issue of Dementia, noting it was still under trajectory. This is mainly because work streams have been late starting but was able to assure the GB that they were still aiming to hit the 62% target by November.</p> <p><b>After further discussion, the GB received and noted the report</b></p>
13	<p><b>Month 12 Financial Report</b></p> <p>MM presented that latest position. NHS England (NHSE) had given the CCG a revised Control Total of break-even in year for 2017/18, but NHSE has also acknowledged the risks to delivering this revised Control Total.</p> <p>The actual outturn for the year at 31st March 2018 (month 12) is a deficit of £3.9m which is the agreed position with NHSE and represents the original £7.2m deficit subject to national, planned year-end adjustments. This is explained in more detail in the commentary to the month 12 accounts.</p> <p>The performance for the month of March was a surplus against the plan of £3.3m after overspends on Acute Services of £1.0m. This means that for the rest of the budgets there was a net underspend of £4.3m.</p> <p>RW said that it was an impressive performance by the CCG and the finance team and asked what the two main things were that had made the turnaround. MM responded that it was many things, including keeping a lean and tight control of expenditure, but main two were probably improving the communication with acute providers and the containment of Mental Health overspend.</p> <p>ST said that this was a testament to the staff who had done a terrific job, particularly with the control and delivery of QIPP.</p> <p>The Chairman asked for the minutes to record his and the GB appreciation for all the hard work undertaken by all staff.</p>
14	<p><b>2018/19 Financial Recovery Plan</b></p> <p>The report provided the Governing Body with the proposed Financial Plan 2018/19. The plan delivers the target Control Total Surplus of £10.0m, is compliant with all national planning guidance, achieves the Mental Health Investment Standard and makes full provision for the mandated investment in the General Practice Forward View. MM said that the key risk against delivering this is the £26m QIPP (4.5% of budget)</p> <p>SA said that the QIPP ask was substantial, particular after such a success year in 17/18. MM agreed but said the additional and focus provided the FRB process was a strong position, however to achieve £26m. the internal target will be more (around £30m)</p> <p>The GB received and noted the report.</p>
15	<p><b>Audit Committee Annual Report</b></p> <p>Noted and received.</p>
16	<p><b>Assurance Updates from Committee Chairs</b></p> <p><b>(a) Finance &amp; Performance Committee 25 April</b></p>

	<p><b>(b) Integrated Commissioning and Quality Committee (ICQC) 25 April</b></p> <p><b>(c) Audit and Governance Committee 11 April</b></p> <p><b>(d) Joint primary Care commissioning Committee 12 April</b></p> <p><b>(e) Patient and Public Engagement Committee (PPEC) 12 April</b></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 March  Audit and Governance 14 February  Joint Primary Care Commissioning Committee  PPEC 19 February  Joint Prescribing Committee 6 Dec.</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 for Bedford Borough Council and Central Bedfordshire Council  H&amp;W Board - Bedford Borough Council and Central Bedfordshire Council</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>.</p>
	<p><b>The Meeting closed at 15.15pm</b></p>

Signed

Dated

**Chris Marshal**  
Acting Clinical Chair